State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: 2344 - DC ACA Small Group GHMSI

Project Name/Number: 2344 - DC GHMSI SG ACA ON-EXCHANGE/2344

Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.

Product Name: 2344 - DC ACA Small Group GHMSI

State: District of Columbia

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO

Filing Type: Rate

Date Submitted: 05/24/2019

SERFF Tr Num: CFAP-131941267

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num: 2344

Implementation 01/01/2020

Date Requested:

Author(s): Dwayne Lucado, Anna Guloy, Shane Kontir, Cory Bream, Patrick Getts, Hassan Zaheer,

Nicholas Pham

Reviewer(s): Damon Siler (primary), Efren Tanhehco, John Morgan, Dave Dillon

Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: 2344 - DC ACA Small Group GHMSI

Project Name/Number: 2344 - DC GHMSI SG ACA ON-EXCHANGE/2344

General Information

Project Name: 2344 - DC GHMSI SG ACA ON-EXCHANGE Status of Filing in Domicile:

Project Number: 2344 Date Approved in Domicile: Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small
Group Market Type: Employer Overall Rate Impact: 18.5%

Filing Status Changed: 05/28/2019

State Status Changed: Deemer Date:

Created By: Shane Kontir Submitted By: Shane Kontir

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by Group Hospitalization & Medical Services, Inc. to Small Groups on the D.C. Exchange. We are submitting 12 benefit plans on the D.C. Exchange. This rate filing contains 2 sets of rates, 1 based on separate risk adjustment and the other combined risk adjustment. The numbers shown in SERFF are based on separate risk adjustment, as both cannot be entered. All documents with combined risk adjustment numbers end in "COMB RA".

Company and Contact

Filing Contact Information

Cory Bream, Actuarial Assistant cory.bream@carefirst.com 10455 Mill Run Circle 410-998-5308 [Phone] Owings Mills, MD 21117 410-998-7704 [FAX]

Filing Company Information

Group Hospitalization and Medical CoCode: 53007 State of Domicile: District of

Services, Inc. Group Code: Columbia

840 First Street NE Group Name: Company Type: Hospital,
Washington, DC 20065 FEIN Number: 53-0078070 Medical & Dental Service or

(410) 581-3000 ext. [Phone] Indemnity

State ID Number:

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: 2344 - DC ACA Small Group GHMSI

Project Name/Number: 2344 - DC GHMSI SG ACA ON-EXCHANGE/2344

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: %

Overall Percentage of Last Rate Revision: 1.700%

Effective Date of Last Rate Revision: 01/01/2019

Filing Method of Last Filing: SERFF

SERFF Tracking Number of Last Filing: CFAP-131468322

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Premium for	Maximum % Change (where req'd)	Minimum % Change : (where req'd):
Group Hospitalization and Medical Services, Inc.		18.500%	18.500%	\$29,266,644	12,574	\$158,321,556	32.700%	14.600%

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: 2344 - DC ACA Small Group GHMSI

Project Name/Number: 2344 - DC GHMSI SG ACA ON-EXCHANGE/2344

Rate Review Detail

COMPANY:

Company Name: Group Hospitalization and Medical Services, Inc.

HHS Issuer Id: 78079

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BluePreferred PPO	78079DC022		21863

Trend Factors:

FORMS:

New Policy Forms: DC/CF/BP PPO BF HSA/SIL 1500 (1/20), DC/CF/BP PPO CDH/2300 80-60 (1/20),

DC/CF/BP PPO CDH/SIL 1500 (1/20), DC/CF/BP PPO CDH/SIL 2000 (1/20), DC/CF/BP

PPO CDH/SIL 2000 70 (1/20), DC/CF/BP PPO/1000 90-70 (1/20), DC/CF/BP

PPO/GOLD 1000 (1/20), DC/CF/BP PPO/GOLD 1500 (1/20), DC/CF/BP PPO/GOLD 500 (1/20), DC/CF/BP PPO/PLAT 0 (1/20), DC/CF/BP PPO/PLAT 500 (1/20), DC/CF/BP PPO/SIL 1500 (1/20), DC/CF/FAM PLAN/FED (R. 1/20), DC/CF/SG/AUTH AMEND/PPO

(1/20), DC/CF/SG/INCENT (R. 1/20), DC/CF/SHOP/ELIG (R. 1/20), DC/CF/SHOP/PPO/DOCS (R. 1/20), DC/CF/SHOP/PPO/EOC (R. 1/20)

Affected Forms:

Other Affected Forms: DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R.

6/18), DC/CF/PARTNER (R. 7/09), DC/CF/PT PROTECT (9/10), DC/CF/SHOP/GC (R. 1/19), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI-HEALTH GUARANTEE 6/18

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 252,904
Benefit Change: Increase

Percent Change Requested: Min: 14.6 Max: 32.7 Avg: 18.5

PRIOR RATE:

Total Earned Premium: 158,321,556.00
Total Incurred Claims: 131,785,787.00

Annual \$: Min: 435.73 Max: 656.16 Avg: 593.01

REQUESTED RATE:

Projected Earned Premium: 189,449,051.00 Projected Incurred Claims: 153,131,709.00

Annual \$: Min: 518.15 Max: 770.74 Avg: 702.24

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: 2344 - DC ACA Small Group GHMSI

Project Name/Number: 2344 - DC GHMSI SG ACA ON-EXCHANGE/2344

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2344 - DC GHMSI - SG - Rate Sheets	DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/PARTNER (R. 7/09), DC/CF/PARTNER (R. 7/09), DC/CF/PT PROTECT (9/10), DC/CF/SHOP/GC (R. 1/19), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI-HEALTH GUARANTEE 6/18, DC/CF/BP PPO BF HSA/SIL 1500 (1/20), DC/CF/BP PPO CDH/2300 80-60 (1/20), DC/CF/BP PPO CDH/SIL 1500 (1/20), DC/CF/BP PPO CDH/SIL 2000 (1/20), DC/CF/BP PPO CDH/SIL 2000 (1/20), DC/CF/BP PPO CDH/SIL 2000 (1/20), DC/CF/BP PPO/GOLD 1000 (1/20), DC/CF/BP PPO/GOLD 1000 (1/20), DC/CF/BP PPO/GOLD 500 (1/20), DC/CF/BP PPO/GOLD 500 (1/20), DC/CF/BP PPO/PLAT 0 (1/20), DC/CF/BP PPO/PLAT 500 (1/20), DC/CF/BP PPO/SIL 1500 (1/20), DC/CF/BP PPO/SIL 1500 (1/20), DC/CF/SG/AUTH AMEND/PPO (1/20), DC/CF/SG/INCENT (R. 1/20), DC/CF/SHOP/PPO/DOCS (R. 1/20), DC/CF/SHOP/PPO/EOC (R. 1/20), DC/CF/SHOP/PPO/EOC (R. 1/20)		Previous State Filing Number: CFAP-131468322 Percent Rate Change Request: 18.5	2344 - DC GHMSI - SG - Rate Sheets.pdf, 2344 - DC GHMSI - SG - Rate Sheets - COMB RA.pdf,

CareFirst BlueCross BlueShield (GHMSI) DC Small Group On Exchange Products Rate Filing Effective 1/1/2020 Premiums Effective 01/2020, 04/2020, 07/2020 and 10/2020

			On/Off	Rx	Benefit		ООР		Individual	Base Rate		Incremental Base Rate % Change		
HIOS Plan ID	HIOS Product	HIOS Plan Name	Exchange	Benefit**	Description*	Deductible	Max	01/2019	04/2019	07/2019	10/2019	04/2019	07/2019	10/2019
78079DC0220032	BluePreferred PPO	BluePreferred PPO 1000 90%/70%	On	Int: \$10/20%/40%/50% to \$100 Max/50% to \$150 Max	IN: 10%; OON: 30%	IN: \$1,000 (Integrated); OON: \$2,000	IN: \$6,550; OON: \$13,100	\$619.73	\$630.86	\$642.22	\$653.81	1.8%	1.8%	1.8%
78079DC0220033	BluePreferred PPO	BluePreferred PPO HSA/HRA 2300 80%/60%	On	Int: \$10/20%/40%/50% to \$100 Max/50% to \$150 Max	IN: 20%; OON: 40%	IN: \$2,300 (Integrated); OON: \$4,600	IN: \$6,750; OON: \$13,500	\$518.15	\$527.45	\$536.95	\$546.65	1.8%	1.8%	1.8%
78079DC0220020	BluePreferred PPO	BluePreferred PPO Gold 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$4,400; OON: \$8,800	\$640.48	\$651.98	\$663.72	\$675.70	1.8%	1.8%	1.8%
78079DC0220031	BluePreferred PPO	BluePreferred PPO Gold 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	ER/\$400 IP: OON: \$50 \$250 RV: (IN: \$3,900; OON: \$7,800	\$629.01	\$640.30	\$651.83	\$663.60	1.8%	1.8%	1.8%
78079DC0220021	BluePreferred PPO	BluePreferred PPO Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$5,750; OON: \$10,000	\$656.33	\$668.11	\$680.14	\$692.42	1.8%	1.8%	1.8%
78079DC0220022	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,750; OON: \$9,000	\$557.90	\$567.91	\$578.14	\$588.58	1.8%	1.8%	1.8%
78079DC0220023	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 2000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$2,000 (Integrated); OON: \$4,000	IN: \$5,550; OON: \$9,000	\$544.29	\$554.06	\$564.04	\$574.22	1.8%	1.8%	1.8%
78079DC0220024	BluePreferred PPO	BluePreferred PPO Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$1,550; OON: \$3,100	\$770.74	\$784.58	\$798.70	\$813.13	1.8%	1.8%	1.8%
78079DC0220025	BluePreferred PPO	BluePreferred PPO Platinum 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$738.45	\$751.70	\$765.24	\$779.06	1.8%	1.8%	1.8%
78079DC0220026	BluePreferred PPO	BluePreferred PPO Silver 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$40 PCP/\$100 Spec/\$400 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$1,500 Med / \$250 Rx; OON: \$2,000	IN: \$8,150; OON: \$16,400	\$528.72	\$538.21	\$547.90	\$557.79	1.8%	1.8%	1.8%
78079DC0220035	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 2000 70	On	Int: \$10/\$45/\$65/\$100/\$150	IN: 30%; OON: 50%	IN: \$2000 (Integrated) ; OON: \$4,000	IN: 6,750; OON: \$13,500	\$520.30	\$529.64	\$539.18	\$548.91	1.8%	1.8%	1.8%
78079DC0220034	BluePreferred PPO	BluePreferred PPO Silver 1500 BlueFund HSA	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,550; OON: \$9,000	\$558.71	\$568.74	\$578.98	\$589.44	1.8%	1.8%	1.8%

^{*} Out-of-Network ER is paid as In-Network.

^{**} Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty.

CareFirst BlueCross BlueShield (GHMSI) DC Small Group On Exchange Products Rate Filing Effective 1/1/2020 Premiums Effective 01/2020, 04/2020, 07/2020 and 10/2020

			On/Off	Rx	Benefit		ООР		Individual	Base Rate		Increme	ental Base Change	Rate %
HIOS Plan ID	HIOS Product	HIOS Plan Name	Exchange	Benefit**	Description*	Deductible	Max	01/2019	04/2019	07/2019	10/2019	04/2019	07/2019	10/2019
78079DC0220032	BluePreferred PPO	BluePreferred PPO 1000 90%/70%	On	Int: \$10/20%/40%/50% to \$100 Max/50% to \$150 Max	IN: 10%; OON: 30%	IN: \$1,000 (Integrated); OON: \$2,000	IN: \$6,550; OON: \$13,100	\$636.22	\$647.73	\$659.47	\$671.46	1.8%	1.8%	1.8%
78079DC0220033	BluePreferred PPO	BluePreferred PPO HSA/HRA 2300 80%/60%	On	Int: \$10/20%/40%/50% to \$100 Max/50% to \$150 Max	IN: 20%; OON: 40%	IN: \$2,300 (Integrated); OON: \$4,600	IN: \$6,750; OON: \$13,500	\$531.94	\$541.56	\$551.38	\$561.40	1.8%	1.8%	1.8%
78079DC0220020	BluePreferred PPO	BluePreferred PPO Gold 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$4,400; OON: \$8,800	\$657.52	\$669.41	\$681.55	\$693.94	1.8%	1.8%	1.8%
78079DC0220031	BluePreferred PPO	BluePreferred PPO Gold 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,500 Med / \$250 Rx; OON: \$3,000	IN: \$3,900; OON: \$7,800	\$645.75	\$657.42	\$669.35	\$681.51	1.8%	1.8%	1.8%
78079DC0220021	BluePreferred PPO	BluePreferred PPO Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$5,750; OON: \$10,000	\$673.79	\$685.98	\$698.41	\$711.11	1.8%	1.8%	1.8%
78079DC0220022	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,750; OON: \$9,000	\$572.74	\$583.10	\$593.67	\$604.47	1.8%	1.8%	1.8%
78079DC0220023	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 2000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$2,000 (Integrated); OON: \$4,000	IN: \$5,550; OON: \$9,000	\$558.77	\$568.88	\$579.19	\$589.72	1.8%	1.8%	1.8%
78079DC0220024	BluePreferred PPO	BluePreferred PPO Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$1,550; OON: \$3,100	\$791.25	\$805.56	\$820.16	\$835.08	1.8%	1.8%	1.8%
78079DC0220025	BluePreferred PPO	BluePreferred PPO Platinum 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$758.10	\$771.81	\$785.80	\$800.09	1.8%	1.8%	1.8%
78079DC0220026	BluePreferred PPO	BluePreferred PPO Silver 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$40 PCP/\$100 Spec/\$400 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$1,500 Med / \$250 Rx; OON: \$2,000	IN: \$8,150; OON: \$16,400	\$542.79	\$552.60	\$562.62	\$572.85	1.8%	1.8%	1.8%
78079DC0220035	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 2000 70	On	Int: \$10/\$45/\$65/\$100/\$150	IN: 30%; OON: 50%	IN: \$2000 (Integrated) ; OON: \$4,000	IN: 6,750; OON: \$13,500	\$534.15	\$543.81	\$553.67	\$563.73	1.8%	1.8%	1.8%
78079DC0220034	BluePreferred PPO	BluePreferred PPO Silver 1500 BlueFund HSA	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,550; OON: \$9,000	\$573.58	\$583.95	\$594.54	\$605.35	1.8%	1.8%	1.8%

^{*} Out-of-Network ER is paid as In-Network.

^{**} Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty.

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: 2344 - DC ACA Small Group GHMSI

Project Name/Number: 2344 - DC GHMSI SG ACA ON-EXCHANGE/2344

Supporting Document Schedules

• • •	
Satisfied - Item:	Actuarial Justification
Comments:	Please see actuarial certification in Actuarial Memorandum.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2344 AV Screenshots - DC Small Group GHMSI.pdf 2344 GHMSI SG - DISB rate filing checklist.pdf 2344_SmallGroup_DC_GHMSI_ActuarialMemorandum.pdf 2344_SmallGroup_DC_GHMSI_ActuarialMemorandum - COMB RA.pdf
Item Status:	
Status Date:	
Catiatian Itam.	A studyial Managard dum and Contifications
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2344 DC SG - GHMSI - Index & Plan Comparison.pdf 2344 DC SG - GHMSI - Index & Plan Comparison - COMB RA.pdf 2344_SmallGroup_DC_GHMSI_ActuarialMemorandum.pdf 2344_SmallGroup_DC_GHMSI_ActuarialMemorandum - COMB RA.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	This filing is being submitted by the insurer.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consumer Disclosure Form
Bypass Reason: Attachment(s):	Bypassing at initial submission per instructions in description.
Item Status:	
Status Date:	

SERFF Tracking #:	CFAP-131941267	State Tracking #:	Сотра	ny Tracking #:	2344
State:	District of Columb	pia F	ling Company:	Group Hospitalization	on and Medical Services, Inc.
TOI/Sub-TOI:	H16G Group Hea	lth - Major Medical/H16G.003A Small Group Only -	PPO .		
Product Name:	2344 - DC ACA S	Small Group GHMSI			
Project Name/Number:	2344 - DC GHMS	SI SG ACA ON-EXCHANGE/2344			
Satisfied - Item:	Co	over Letter			
Comments:					
Attachment(s):	23 23	344 ACA_Cover Letter_SG_DC_GHMSI.p 344 ACA_Cover Letter_SG_DC_GHMSI -	df COMB RA.pdf		
Item Status:					
Status Date:					
Satisfied - Item:	DI	SB Actuarial Memorandum Dataset			
Comments:					
Attachment(s):	DC	344 - DC GHMSI SG - Dataset.xlsx C GHMSI Trend Analysis.xlsx 344 - DC GHMSI SG - Dataset - COMB R	A.xlsx		
Item Status:					
Status Date:					
Bypassed - Item:	Di	strict of Columbia and Countrywide Expe	rience for the Last 5 Year	rs (P&C)	
Bypass Reason:	No	ot applicable			
Attachment(s):					
Item Status:					
Status Date:					
Bypassed - Item:	Di	strict of Columbia and Countrywide Loss	Ratio Analysis (P&C)		
Bypass Reason:	No	ot applicable			
Attachment(s):					
Item Status:					
Status Date:					
Satisfied - Item:	Ur	nified Rate Review Template			
Comments:					
Attachment(s):	23	344 DC GHMSI SG URRT - SERFF.pdf 344 DC GHMSI SG URRT SERFF.xlsm 344 DC GHMSI SG URRT - RA COMB.pd 344 DC GHMSI SG URRT SERFF - RA C			
Item Status:					
Status Date:					
Satisfied - Item:	Di	strict of Columbia Plain Language Summ	ary		
Comments:					

SERFF Tracking #: CFAP-131941267 State Tracking #: Company Tracking #: 2344 State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc. TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO 2344 - DC ACA Small Group GHMSI Product Name: 2344 - DC GHMSI SG ACA ON-EXCHANGE/2344 Project Name/Number: 2344 - DC SG - GHMSI - PartII Rate Justification.pdf 2344 - DC SG - GHMSI - PartII Rate Justification - COMB RA.pdf Attachment(s): **Item Status: Status Date:** Satisfied - Item: RateE File **Comments:** Attachment(s): 78079_DC_SmallGroup_GHMSI_RATEE_050119.xlsx **Item Status:** Status Date: Satisfied - Item: Objection Response Documentation Added as needed Comments: Attachment(s): **Item Status:**

Status Date:

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: 2344 - DC ACA Small Group GHMSI

Project Name/Number: 2344 - DC GHMSI SG ACA ON-EXCHANGE/2344

Attachment 2344 - DC GHMSI SG - Dataset.xlsx is not a PDF document and cannot be reproduced here.

Attachment DC GHMSI Trend Analysis.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2344 - DC GHMSI SG - Dataset - COMB RA.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2344 DC GHMSI SG URRT SERFF.xlsm is not a PDF document and cannot be reproduced here.

Attachment 2344 DC GHMSI SG URRT SERFF - RA COMB.xlsm is not a PDF document and cannot be reproduced here.

Attachment 78079_DC_SmallGroup_GHMSI_RATEE_050119.xlsx is not a PDF document and cannot be reproduced here.

Group Hospitalization & Medical Services, Inc. (GHMSI) (NAIC # 53007)

Rate Filing # 2344

DC Small Group On/Off Exchange Products

Rate Filing Effective 1/1/2020

Actuarial Value Calculations

CareFirst BlueCross BlueShield (GHMSI) DC Small Group

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13	Gold - \$1500/\$250 Ded, \$3900 OOP, \$15/\$30 - Freestanding
14	Silver - \$1500/\$250 Ded, \$8150 OOP, \$40/\$100 - Hospital
15	Silver - \$1500/\$250 Ded, \$8150 OOP, \$40/\$100 - Freestanding
16	Silver - \$1500 Ded, \$6750 OOP, \$25/\$50 - Hospital
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24	SHOP - BluePreferred PPO 1000 90%/70%

CareFirst BlueCross BlueShield (GHMSI) DC Small Group

Plan Name*	<u>Metal Level</u>	<u>Actuarial</u> Value	Page #'s of AV Screenshot**	<u>Unique</u> <u>Plan</u>
BluePreferred PPO 1000 90%/70%	Gold	81.27%	24	No
BluePreferred PPO HSA/HRA 2300 80%/60%	Silver	71.91%	23	No
BluePreferred PPO Silver 1500 BlueFund HSA	Bronze	#REF!	20, 21	No
BluePreferred PPO Platinum 0	Platinum	91.98%	4,5	Yes
BluePreferred PPO Platinum 500	Platinum	91.08%	6, 7	Yes
BluePreferred PPO Gold 500	Gold	81.99%	8,9	Yes
BluePreferred PPO Silver 1500	Silver	71.90%	14, 15	Yes
BluePreferred PPO Gold 1000	Gold	81.97%	10, 11	Yes
BluePreferred PPO Gold 1500	Gold	81.97%	12, 13	Yes
BluePreferred PPO HSA/HRA Silver 1500	Silver	71.76%	16, 17	Yes
BluePreferred PPO HSA/HRA Silver 2000	Silver	71.94%	18, 19	Yes
BluePreferred PPO HSA/HRA Silver 2000 70	Silver	71.87%	22	No

^{*}Plan Names that are bolded are SHOP plans. These will not have the metal level in the plan name.

^{**}For plans with two pages listed, the final blended AV will be located on the Hospital Inputs page.

AV Calculator - BluePreferred PPO Platinum 0

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Tie	red Network O	ption					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?	· 🗆					
Apply Skilled Nursing Facility Copay per Day?					1st 7	Fier Utilization						
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd 1	Fier Utilization						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	_				•							
Desired Metal Tier												
		r 1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design					
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)	\$0.00	\$0.00	combined			5.05	combined					
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%										
MOOP (\$)		50.00										
MOOP if Separate (\$)	71,5	30.00		-								
WOOF II Separate (5)			•				•					
Click Here for Important Instructions		Tie	er 1				ier 2		Tier 1	Tier 2		
CHEK HETE TOT IMPORTANT MISERACTIONS	Subject to	Subject to	Coinsurance, if	C !f	Subject to		Coinsurance, if	Copay, if	Copay appli			
Type of Benefit	Deductible?	Coinsurance?	•			Coinsurance?	•					
No. disal			different	separate			different	separate	deduc	TIBLE?		
Medical	✓ All	☐ All		4.00.00	✓ All	✓ All			✓ All			
Emergency Room Services	V			\$100.00	<u> </u>	<u> </u>			V			
All Inpatient Hospital Services (inc. MH/SUD)	✓			\$200.00	V	V			V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓			\$10.00	✓	V			✓			
X-rays)										_		
Specialist Visit	Y			\$20.00	✓	V			V			
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓			\$10.00	✓	✓			V			
Services					_	_						
Imaging (CT/PET Scans, MRIs)	V			\$200.00	V	V			V			
Speech Therapy	>			\$20.00	✓	V			V			
	✓			\$20.00	✓	✓			•			
Occupational and Physical Therapy	· ·	ш		\$20.00					· ·			
Preventive Care/Screening/Immunization			100%				100%	\$0.00				
Laboratory Outpatient and Professional Services	•			\$10.00	V	V			~		Copays	Weighting
X-rays and Diagnostic Imaging	V			\$20.00	✓	V			V		OP Facility \$ \$ 15	20%
Skilled Nursing Facility	~			\$20.00	V	V			V		OP Facility I \$	50 80%
											\$ 70.1	18
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$70.18	✓	✓			✓			
Outpatient Surgery Physician/Surgical Services	V			\$20.00		V			V		Specialty Dr Coins Max	Weighting
Drugs	✓ All	☐ All		,	✓ All	✓ All			✓ All	□ All	Tier 4 \$ 10	78%
Generics	✓			\$10.00	✓	<u> </u>			<u> </u>		Tier 5 \$ 15	22%
Preferred Brand Drugs	✓			\$45.00	V				<u> </u>		\$ 110.8	85
Non-Preferred Brand Drugs	<u> </u>			\$65.00	7	▽			<u> </u>			
Specialty Drugs (i.e. high-cost)	<u> </u>	v	50%	303.00		V				Ī	Blending of Site-of-Servi	ice AVs
Options for Additional Benefit Design Limits:		<u> </u>	Plan Description	••								1% 91.90%
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	Input Plan Nar	no1							92.33%
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO								91.98%
					•							
Set a Maximum Number of Days for Charging an IP Copay?	ш		Issuer HIOS ID:	[Input Issuer HI	OS IDJ							
# Days (1-10):	_											
Begin Primary Care Cost-Sharing After a Set Number of Visits?	Ш											
# Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copays?												
# Copays (1-10):												
Output												
Calculate												
	Calculation Succ	essful.										
Actuarial Value:	91.90%											
Metal Tier:	Platinum											
	NOTE: Service-s	ecific cost-sharin	g is applying for	service(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	ts for those sei	vice(s).			
Additional Notes:												
Calculation Time:	0.0605 seconds											
Final 2020 AV Calculator												

AV Calculator - BluePreferred PPO Platinum 0

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters											
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tier	ed Network O _l	ption				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?					
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st T	ier Utilization:					
Use Separate MOOP for Medical and Drug Spending?	_	Annual Contin	batton Amount.		2nd T	ier Utilization:					
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?											
Desired Metal Tier	Platinum 💌										
		r 1 Plan Benefit D				2 Plan Benefit [
	Medical	Drug	Combined		Medical	Drug	Combined				
Deductible (\$)	\$0.00	\$0.00									
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%									
MOOP (\$)	\$1,5	550.00									
MOOP if Separate (\$)							l				
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2	
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Subject to	Subject to Coinsurance?	Coinsurance, if different	Copay, if		ies only after ctible?	
Medical	✓ All	□ All	amerent	separate	✓ All	✓ All	amerent	separate	✓ All	All	
Emergency Room Services	V			\$100.00	<u> </u>	<u> </u>			<u>▼</u> ∧		
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>			\$200.00		<u>~</u>			······································		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and						··············					
X-rays)	✓			\$10.00	✓	✓			~		
Specialist Visit	V			\$20.00	V	✓			V		
Mental/Behavioral Health and Substance Use Disorder Outpatient											
Services	~			\$10.00	✓	✓			~		
Imaging (CT/PET Scans, MRIs)	V			\$50.00	V	<u>~</u>			V		
Speech Therapy	✓			\$20.00	_ _	_ _					
	<u> </u>			444	<u> </u>	<u> </u>			✓		
Occupational and Physical Therapy	· ·			\$20.00	•	<u>v</u>			·		
Preventive Care/Screening/Immunization			100%				100%	\$0.00			
Laboratory Outpatient and Professional Services	V			\$10.00	✓	V			V		Copays Weighting
X-rays and Diagnostic Imaging	>			\$20.00	✓	V			✓		OP Facility \$\frac{\$ 50}{} 100%
Skilled Nursing Facility	V			\$20.00	V	V			V		OP Facility I \$ - 0%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$50.00	✓	✓			✓		\$ 50.00
Outpatient Surgery Physician/Surgical Services	✓		······································	\$20.00	V	V		•••	✓		Specialty Dr Coins Max Weighting
Drugs	✓ All	All			✓ All	✓ All			✓ All	☐ All	Tier 4 \$ 100 78%
Generics	>			\$10.00	V	V			~		Tier 5 \$ 150 22%
Preferred Brand Drugs	V			\$45.00	V	V			V		\$ 110.85
Non-Preferred Brand Drugs	>			\$65.00	V	V			V		
Specialty Drugs (i.e. high-cost)	~	>	50%		V	V					
Options for Additional Benefit Design Limits:		_	Plan Description:								
Set a Maximum on Specialty Rx Coinsurance Payments?				[Input Plan Nar							
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIC	S ID]						
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	Ц		Issuer HIOS ID:	[Input Issuer H	OS ID]						
Begin Primary Care Cost-Sharing After a Set Number of Visits?											
#Visits (1-10):		_									
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	ш										
# Copays (1-10):											
Output											
Calculate											
		utside of [-4, +2]	percent de minimis	s variation.							
	92.33%										
Metal Tier:											
	NOTE: Service-s	pecific cost-sharir	ng is applying for se	ervice(s) with fa	c/prot compone	ents, overriding	g outpatient inpu	ts for those serv	rice(s).		
Additional Notes:											
	0.0781 seconds										
Final 2020 AV Calculator											

AV Calculator - PPO Platinum 500

User Inputs for Plan Parameters											
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:	S	Tie	red Network C	ption				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆	Tiered	Network Plan?	? □				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st 7	Tier Utilization	:				
Use Separate MOOP for Medical and Drug Spending?		Ailliual Colletti	bution Amount.		2nd 1	Tier Utilization	:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?											
Desired Metal Tier	Platinum 🔻			_							
		r 1 Plan Benefit D				2 Plan Benefit					
	Medical	Drug	Combined		Medical	Drug	Combined				
Deductible (\$)	\$500.00	\$0.00									
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%									
MOOP (\$)	\$1,5	00.00									
MOOP if Separate (\$)											
Click Here for Important Instructions		Tie	er 1				ier 2		Tier 1	Tier 2	
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie		
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduc		
Medical	All	□ All	different	Separate	✓ All	✓ All	different	separate	☐ All	All	
Emergency Room Services	V			\$100.00	<u> </u>	<u> </u>			<u> </u>		
All Inpatient Hospital Services (inc. MH/SUD)	✓			\$200.00	<u> </u>	_ 			<u> </u>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and											
X-rays)				\$10.00	✓	✓					
Specialist Visit				\$20.00	✓	✓					
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$10.00	✓						
Services				\$10.00	_	✓					
Imaging (CT/PET Scans, MRIs)	V			\$200.00	V	✓			V		
Speech Therapy				\$20.00	V	✓					
				\$20.00	V	✓					
Occupational and Physical Therapy					_]		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00			Canana Maiakina
Laboratory Outpatient and Professional Services	V			\$10.00	V	▽			V		Copays Weighting OP Facility \$ 150 20%
X-rays and Diagnostic Imaging	<u> </u>			\$20.00	∨				N N		OP Facility \$ \$ 150 20% OP Facility \$ \$ 50 80%
Skilled Nursing Facility				\$20.00	<u> </u>	✓			<u>v</u>		\$ 70.18
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$70.18	✓	✓			✓		70.20
Outpatient Surgery Physician/Surgical Services	V			\$20.00	V	⊽			V		Specialty Dr Coins Max Weighting
Drugs	✓ All	□ All		Ş20.00	✓ All	✓ All			✓ All	□ All	Tier 4 \$ 100 78%
Generics	✓			\$10.00	V	<u> </u>] \S		Tier 5 \$ 150 22%
Preferred Brand Drugs	<u> </u>			\$45.00	<u> </u>	\overline{v}			\ <u>\</u>		\$ 110.85
Non-Preferred Brand Drugs	<u> </u>			\$65.00	<u> </u>	✓			V		<u> </u>
Specialty Drugs (i.e. high-cost)	✓	V	50%		V	✓					Blending of Site-of-Service AVs
Options for Additional Benefit Design Limits:			Plan Description	n:	•			•		•	Hospital 81% 90.80%
Set a Maximum on Specialty Rx Coinsurance Payments?	>		Name:	[Input Plan Nan	ne]						Freestandin 19% 92.29%
Specialty Rx Coinsurance Maximum:	\$110.85		Plan HIOS ID:	[Input Plan HIO	S ID]						91.08%
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]						
# Days (1-10):											
Begin Primary Care Cost-Sharing After a Set Number of Visits?											
# Visits (1-10):											
Begin Primary Care Deductible/Coinsurance After a Set Number of											
Copays?											
# Copays (1-10):											
Output											
Calculate	Calaulatiaa Cuaa										
	Calculation Succ 90.80%	essiui.									
Actuarial Value: Metal Tier:	90.80% Platinum										
		necific cost-sharin	g is anniving for	envice(s) with fa	c/prof compon	ents overridin	g outpatient inpu	ts for those so	nvice(s)		
Additional Notes:	INDIE. SEIVICE-S	Jeane Cost-Stidfif	is is abbiding int	civice(s) With Id	c, pror compone	circo, overridifi	_Б оптранент при	La roi uiose se	1 1100(3).		
Additional NOtes.											
Calculation Time:	0.1094 seconds										
Final 2020 AV Calculator	2.203 . Seconds										

AV Calculator - PPO Platinum 500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters				inputs for Freest	anding Site-or-S	ervice						
Use Integrated Medical and Drug Deductible?	. 🗆		HSA/HRA Options		Tie	red Network O	ption					
Apply Inpatient Copay per Day?			yer Contribution?			Network Plan?						
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:			Tier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					•							
Desired Metal Tier												
	Tier	1 Plan Benefit D	esign		Tier	2 Plan Benefit I	Design					
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)		\$0.00										
Coinsurance (%, Insurer's Cost Share)		100.00%										
MOOP (\$)	\$1,5	00.00										
MOOP if Separate (\$)												
Challes a feet a second and a second						_				T 2	1	
Click Here for Important Instructions	Subject to	Subject to	er 1 Coinsurance, if	Community	Subject to		er 2 Coinsurance, if	Community	Tier 1	Tier 2 ies only after	1	
Type of Benefit	Deductible?	Coinsurance?	different	Copay, if separate		Coinsurance?		Copay, if separate		ictible?	1	
Medical	☐ All	□ All	umerent	separate	✓ All	✓ All	umerent	separate	☐ All	All	1	
Emergency Room Services	□ /			\$100.00					□ /···		1	
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>			\$200.00	V	∨			<u> </u>		1	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and											1	
X-rays)				\$10.00	✓	✓					1	
Specialist Visit				\$20.00	V	<u> </u>					1	
Mental/Behavioral Health and Substance Use Disorder Outpatient											1	
Services				\$10.00	V	V					1	
Imaging (CT/PET Scans, MRIs)				\$50.00	✓	✓					1	
Speech Therapy				\$20.00	✓	V					1	
				\$20.00	✓	✓					1	
Occupational and Physical Therapy					_						1	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services				\$10.00	V	V						eighting
X-rays and Diagnostic Imaging				\$20.00							OP Facility \$ 50 OP Facility Non-Surgery	100% 0%
Skilled Nursing Facility	V			\$20.00	✓	V			V		\$ 50.00	070
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$50.00	✓	✓					3 30.00	
Outpatient Surgery Physician/Surgical Services				\$20.00		V					Specialty Dr Coins Max We	eighting
Drugs	✓ All	□ All		Ģ20.00	✓ All	✓ All			✓ All	☐ All	Tier 4 \$ 100	78%
Generics	<u> </u>			\$10.00	✓	<u> </u>			<u> </u>		Tier 5 \$ 150	22%
Preferred Brand Drugs	V			\$45.00	<u> </u>	_			V		\$ 110.85	
Non-Preferred Brand Drugs	V			\$65.00	V	V			>		<u></u>	
Specialty Drugs (i.e. high-cost)	V	V	50%		V	V					1	
Options for Additional Benefit Design Limits:		_	Plan Description	:								
Set a Maximum on Specialty Rx Coinsurance Payments?	? ☑		Name:	[Input Plan Nar	ne]							
Specialty Rx Coinsurance Maximum:	\$110.85		Plan HIOS ID:	[Input Plan HIO	S ID]							
Set a Maximum Number of Days for Charging an IP Copay?	? □		Issuer HIOS ID:	[Input Issuer HI	OS ID]							
# Days (1-10):												
Begin Primary Care Cost-Sharing After a Set Number of Visits?												
# Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copays?												
# Copays (1-10):	:	J										
Calculate												
Status/Error Messages:	Error: Result is o	utside of [-4 +2]	percent de minim	is variation								
Actuarial Value:	92.29%		,									
Metal Tier:												
	NOTE: Service-sr	ecific cost-sharir	ng is applying for s	ervice(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	its for those se	rvice(s).			
Additional Notes:				.,								
Calculation Time:	0.0918 seconds											
Final 2020 AV Calculator												

User Inputs for Plan Parameters				inputs for flosp	ntai site-oi-sei	nce .					
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network Op	otion				
Apply Inpatient Copay per Day?			yer Contribution?			Network Plan?					
Apply Skilled Nursing Facility Copay per Day?	_				1st ⁻	Tier Utilization:					
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd ⁻	Tier Utilization:					
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?											
Desired Metal Tier	Gold 🔻										
	Tier	1 Plan Benefit D	esign		Tier	2 Plan Benefit D	Design				
	Medical	Drug	Combined		Medical	Drug	Combined				
Deductible (\$)	\$500.00	\$250.00									
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%									
MOOP (\$)	\$5,7	50.00									
MOOP if Separate (\$)											
Children Colonia de Maria		_								 2	
Click Here for Important Instructions	0.11	Tie			6 14		er 2		Tier 1	Tier 2	
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if	Copay, if	Subject to	Coinsurance?	Coinsurance, if different	Copay, if		ies only after actible?	
Medical		□ All	different	separate	✓ All	Coinsurance? ✓ All	airrerent	separate	✓ All	All	
Emergency Room Services	✓ All			\$250.00	✓ All	✓ All			V AII	□ All	
					<u>∨</u>	✓ ✓					
All Inpatient Hospital Services (inc. MH/SUD)	V			\$400.00	<u> </u>	<u> </u>			Y		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00	✓	✓					
X-rays)											
Specialist Visit				\$30.00	V	✓					
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$15.00	✓	✓					
Services											
Imaging (CT/PET Scans, MRIs)	Ž.			\$400.00	V	V			N		
Speech Therapy				\$30.00	✓	✓					
				\$30.00	✓	✓					
Occupational and Physical Therapy											
Preventive Care/Screening/Immunization			100%	400.00			100%	\$0.00			
Laboratory Outpatient and Professional Services	<u> </u>			\$30.00	V	V			Ŋ		
X-rays and Diagnostic Imaging	<u> </u>			\$60.00		V			V		Copays Weighting
Skilled Nursing Facility	V			\$30.00	V	✓			V		OP Facility \$\frac{\$ 300}{20\%}
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$100.45	✓	✓			✓		OP Facility \$ 50 80%
	V			\$30.00	✓	V			V	П	\$ 100.45
Outpatient Surgery Physician/Surgical Services	✓ All			\$30.00	▼ All	✓ All			▼ All	□ □ All	3 100.43
Drugs	✓ All			Ć40.00	✓ All	✓ All			✓ All	All	Specialty Dr Coins Max Weighting
Generics	✓			\$10.00					<u> </u>		Tier 4 \$ 100 78%
Preferred Brand Drugs	<u> </u>			\$45.00	V	V			<u> </u>		Tier 5 \$ 150 22%
Non-Preferred Brand Drugs	<u> </u>	<u> </u>	F00/	\$65.00		✓ ✓				-	\$ 110.85
Specialty Drugs (i.e. high-cost)	· ·		50%		V	V			Ш		3 110.83
Options for Additional Benefit Design Limits:	[2]	1	Plan Description		1						Blending of Site-of-Service AVs
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name:	[Input Plan Nam							Hospital 81% 81.72%
			Plan HIOS ID:	[Input Plan HIO:							Freestandin 19% 83.13%
Set a Maximum Number of Days for Charging an IP Copay?	ш		Issuer HIOS ID:	[Input Issuer HI	OS IDJ						81.99%
# Days (1-10):	_										61.5570
Begin Primary Care Cost-Sharing After a Set Number of Visits?	Ш										
# Visits (1-10):		-									
Begin Primary Care Deductible/Coinsurance After a Set Number of	Ш										
Copays?											
# Copays (1-10):		J									
Output											
Calculate	Cala latte Care										
Status/Error Messages:	Calculation Succe 81.72%	essiul.									
Actuarial Value:											
Metal Tier:	Gold			la alconation of the							
A J Park and Albara			ot subject to the o specific cost-shari								
Additional Notes:	ueuucubie range	NOIE. SEIVICE-	specific cost-snari	ing is applying to	i service(s) WIT	ii iac/piùi comp	onenis, overriai	ng outpatient	inputs for those s	service(s).	
Calculation Time:	0.1387 seconds										
Final 2020 AV Calculator											

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters											
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			ered Network O					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?					
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization:					
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	batton Amount.		2nd	Tier Utilization:					
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?											
Desired Metal Tier											
		er 1 Plan Benefit D				2 Plan Benefit I					
- 1 A	Medical	Drug	Combined		Medical	Drug	Combined				
Deductible (\$)	\$500.00	\$250.00									
Coinsurance (%, Insurer's Cost Share) MOOP (\$)	100.00%	100.00% 750.00									
MOOP (\$) MOOP if Separate (\$)	\$5,	750.00									
MOOP II Separate (\$)							ı				
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2	1
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if		lies only after	
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	dedu	uctible?	
Medical	☐ All	☐ All			✓ All	✓ All			✓ All	☐ All	
Emergency Room Services	V			\$250.00	∨ ∨	▽			✓		d .
All Inpatient Hospital Services (inc. MH/SUD)	~			\$400.00	V	✓			✓		l .
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00	✓	✓					l .
X-rays)										_	A .
Specialist Visit				\$30.00	V	✓					
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$15.00	✓	✓					l .
Services						⊽					
Imaging (CT/PET Scans, MRIs)				\$200.00 \$30.00							l .
Speech Therapy				\$50.00	✓	✓					
Occupational and Physical Therapy				\$30.00	✓	✓					l .
Preventive Care/Screening/Immunization		П	100%				100%	\$0.00			i
Laboratory Outpatient and Professional Services			100/0	\$15.00			20070	φο.σο			l .
X-rays and Diagnostic Imaging				\$30.00	V	▽					
Skilled Nursing Facility	V			\$30.00	<u></u>	<u></u>			✓		<u>Copays</u> Weighting
				\$200.00	V	✓					OP Facility \$ \$ 200 100%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$200.00							OP Facility I \$ - 0%
Outpatient Surgery Physician/Surgical Services				\$30.00	V	<u> </u>					\$ 200.00
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	All	and the second of the second
Generics				\$10.00	∨	<u> </u>					Specialty Dr Coins Max Weighting Tier 4 \$ 100 78%
Preferred Brand Drugs	▽			\$45.00	<u> </u>	▽			▽		Tier 4 \$ 100 78% Tier 5 \$ 150 22%
Non-Preferred Brand Drugs	✓	<u> </u>	F00/	\$65.00	<u> </u>	<u>∨</u>		-			\$ 110.85
Specialty Drugs (i.e. high-cost)		•	50%		V	•					7 110.05
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments?		7	Plan Description: Name:	[Input Plan Nar	nal						
Specialty Rx Coinsurance Maximum:				[Input Plan HIC							
Set a Maximum Number of Days for Charging an IP Copay?				[Input Issuer H	•						
# Days (1-10):	_		15540111105121	[put issue: in	05.5,						
Begin Primary Care Cost-Sharing After a Set Number of Visits?											
# Visits (1-10):	_										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1									
Copays?											
# Copays (1-10):											
Output											
Calculate											
		outside of [-4, +2]	percent de minimis	s variation.							
	83.13%										
Metal Tier:	NOTE: One or n	nore services are n	ot subject to the de	aductible and b	ave no conav	Any service wit	h this cost-sharin	a structuro is co	wered at 100%	ov the plan in the	
			specific cost-sharir								
Additional Notes:	academbie idilg	,c. NOTE. Service-	Specific cost-stidill	.p .a appryring ic	. SCIVICE(S) WI	140, 6101 (0111)	ponenta, overnui	outpatieilt I	pats for those	JC. VICC(3).	
Calculation Time:	0.0781 seconds										
Final 2020 AV Calculator	0.0701 Secolius										

User Inputs for Plan Parameters											
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	3	Tie	red Network O	ption				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	· 🗆	Tiered	Network Plan?	· 🗆				
Apply Skilled Nursing Facility Copay per Day?					1st	Tier Utilization:					
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:		2nd	Tier Utilization:					
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							_				
Desired Metal Tier	Gold ▼										
	Tie	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design				
	Medical	Drug	Combined		Medical	Drug	Combined				
Deductible (\$)	\$1,000.00	\$250.00									
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%									
MOOP (\$)	\$4,4	00.00		l							
MOOP if Separate (\$)											
Click Here for Important Instructions		Tie					ier 2		Tier 1	Tier 2	
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		es only after	
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	aeau	ctible?	
	✓ All			\$250.00	V All	✓ All			✓ All	All	
Emergency Room Services	<u>V</u>				<u>V</u>	✓ ✓			<u>v</u>	H	
All Inpatient Hospital Services (inc. MH/SUD)				\$400.00	<u> </u>	<u> </u>			<u> </u>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00	✓	✓					
X-rays) Specialist Visit				\$30.00	[2]	[2]					
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$30.00	✓	✓					
Services				\$15.00	✓	✓					
Imaging (CT/PET Scans, MRIs)	☑			\$400.00	✓	✓			✓		
Speech Therapy				\$30.00	<u>.</u>						
Special merapy											
Occupational and Physical Therapy				\$30.00	✓	✓					
Preventive Care/Screening/Immunization		П	100%				100%	\$0.00			
Laboratory Outpatient and Professional Services	<u> </u>			\$30.00					V		Copays Weighting
X-rays and Diagnostic Imaging	<u> </u>			\$60.00	VV	V V			<u> </u>		OP Facility \$ 300 20%
Skilled Nursing Facility	<u> </u>			\$30.00	∨	✓			✓		OP Facility I \$ 50 80%
	✓				✓	✓			✓		\$ 100.45
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Ш		\$100.45	_	_				_	
Outpatient Surgery Physician/Surgical Services	>			\$30.00	১	V			✓		Specialty Dr Coins Max Weighting
Drugs	✓ All	☐ All			✓ All	✓ All			☐ All	☐ All	Tier 4 \$ 100 78%
Generics				\$10.00	V	V					Tier 5 \$ 150 22%
Preferred Brand Drugs	~			\$45.00	✓	✓			✓		\$ 110.85
Non-Preferred Brand Drugs	>			\$65.00	V	✓			V		
Specialty Drugs (i.e. high-cost)	>	V	50%		>	V					Blending of Site-of-Service AVs
Options for Additional Benefit Design Limits:	-		Plan Description	:				-		-	Hospital 81% 81.50%
Set a Maximum on Specialty Rx Coinsurance Payments?	~		Name:	[Input Plan Nam	ne]						Freestandin 19% 84.00%
Specialty Rx Coinsurance Maximum:	\$110.85		Plan HIOS ID:	[Input Plan HIO	S ID]						81.97%
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]						
# Days (1-10):											
Begin Primary Care Cost-Sharing After a Set Number of Visits?											
# Visits (1-10):											
Begin Primary Care Deductible/Coinsurance After a Set Number of											
Copays?											
# Copays (1-10):											
Output											
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	Calculation Succ	essful.									
	81.50%										
	Gold										
							h this cost-sharin				
Additional Notes:	deductible range	. NOTE: Service-	specific cost-shari	ing is applying fo	r service(s) wit	th fac/prof com	ponents, overridi	ng outpatient i	nputs for those s	ervice(s).	
Calculation Time:	0.125 seconds										
Final 2020 AV Calculator											

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters				inputs for Free	standing site-o	ii-Service					
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	otion				
Apply Inpatient Copay per Day?			yer Contribution?			Network Plan?					
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization:					
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:			Tier Utilization:					
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?		-									
Desired Metal Tier	Gold ▼										
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit [Design				
	Medical	Drug	Combined		Medical	Drug	Combined				
Deductible (\$)	\$1,000.00	\$250.00									
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%									
MOOP (\$)	\$4,4	100.00									
MOOP if Separate (\$)											
Click Have feeders extent between		T:-	4			T:			T:4	Ti2	7
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Type of Benefit	Subject to Deductible?	Subject to	Coinsurance, if	Copay, if	Subject to	Coinsurance?	Coinsurance, if different	Copay, if	Copay applie deduct		
Medical	All	Coinsurance?	different	separate	✓ All	Coinsurance? ✓ All	airrerent	separate	☐ All	All	d
Emergency Room Services	▽			\$250.00					▽		4
All Inpatient Hospital Services (inc. MH/SUD)	v v			\$400.00	V	V			V		4
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				3400.00						Ш	
X-rays)				\$15.00	✓	✓					4
Specialist Visit		П		\$30.00	V	✓			П		
Mental/Behavioral Health and Substance Use Disorder Outpatient											l e e e e e e e e e e e e e e e e e e e
Services				\$15.00	✓	✓					l .
Imaging (CT/PET Scans, MRIs)				\$200.00	✓	✓					
Speech Therapy				\$30.00	V	V					l .
				\$30.00	⊽	✓				П	1
Occupational and Physical Therapy				\$30.00	_						d .
Preventive Care/Screening/Immunization			100%				100%	\$0.00			d .
Laboratory Outpatient and Professional Services				\$15.00	V	✓					d .
X-rays and Diagnostic Imaging				\$30.00	V	✓					A .
Skilled Nursing Facility	V			\$30.00	V	V			V		d .
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$200.00	✓	✓					Copays Weighting OP Facility \$ \$ 200 10
Outpatient Surgery Physician/Surgical Services		П		\$30.00	✓	⊽			П	П	OP Facility N \$ -
Drugs	✓ All	□ All		930.00	✓ All	✓ All			□ All	□ All	\$ 200.00
Generics				\$10.00	7	7			— <u> </u>		<u> </u>
Preferred Brand Drugs	v			\$45.00	J	Z			V		Specialty Dr Coins Max Weighting
Non-Preferred Brand Drugs	V			\$65.00	<u> </u>				V		Tier 4 \$ 100 7
Specialty Drugs (i.e. high-cost)	<u> </u>	<u> </u>	50%	703.00	Ī	<u> </u>					Tier 5 \$ 150 2
Options for Additional Benefit Design Limits:			Plan Description:								\$ 110.85
Set a Maximum on Specialty Rx Coinsurance Payments?	V	7		[Input Plan Nan	nel						<u> </u>
Specialty Rx Coinsurance Maximum:				[Input Plan HIO							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:								
# Days (1-10):											
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1									
# Visits (1-10):											
Begin Primary Care Deductible/Coinsurance After a Set Number of											
Copays?											
# Copays (1-10):		J									
Output											
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Status/Error Messages:		utside of [-4, +2]	percent de minimi	s variation.							
Actuarial Value:	84.00%										
Metal Tier:	NOTE: C			and constitution of the						sha alaa to di	
A Little and No. 1									overed at 100% by		
Additional Notes:	ueuucubie rangi	e. NOTE. Service-	specific cost-snarir	ig is aphilitif 10	i service(s) WIT	ii iac/piùi comp	onents, overridi	ng outpatient i	inputs for those se	vice(s).	
Calculation Time:	0.0038.c										
Calculation Time: Final 2020 AV Calculator	0.0938 seconds										
rinai ZUZU AV CAICUIALUI											

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	3	Tie	red Network O	ption					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	· 🗆	Tiered	Network Plan?						
Apply Skilled Nursing Facility Copay per Day?					1st ⁻	Tier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	oution Amount:		2nd	Tier Utilization:	:					
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					•							
Desired Metal Tier												
		r 1 Plan Benefit De	sign		Tier	2 Plan Benefit I	Design					
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)	\$1,500.00	\$250.00	Combined		ivicultui	Diug	Combined					
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%										
MOOP (\$)		000.00										
MOOP (\$)	\$5,5	1		4								
MOOP II Separate (\$)												
CP-1 Have for the control of the con						_				T		
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	•	Coinsurance, if	Copay, if		es only after		
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		ctible?		
Medical	☐ All	☐ All			✓ All	✓ All			☐ All	☐ All		
Emergency Room Services	>			\$250.00	V	<u>v</u>			V			
All Inpatient Hospital Services (inc. MH/SUD)	>			\$400.00	V	V			'			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00	✓	V						
X-rays)		Ш		\$15.00		<u> </u>						
Specialist Visit				\$30.00	✓	V						
Mental/Behavioral Health and Substance Use Disorder Outpatient												
Services					✓	✓						
Imaging (CT/PET Scans, MRIs)	V			\$400.00	✓	V			V			
Speech Therapy		П		\$30.00	✓	_ _						
Occupational and Physical Therapy				\$30.00	✓	✓						
Preventive Care/Screening/Immunization		П	100%				100%	\$0.00				
Laboratory Outpatient and Professional Services	V		10070	\$30.00			20070	Ç0.00	V			
X-rays and Diagnostic Imaging	V			\$60.00	V	V			✓			
	V			\$30.00	V				V			
Skilled Nursing Facility				\$30.00		<u> </u>					Copays We	ighting
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~			\$100.45	✓	~			✓		OP Facility \$\$ 300	20%
	V			\$30.00	V	V			V		OP Facility I \$ 50	80%
Outpatient Surgery Physician/Surgical Services	✓ All	□ All		\$30.00	✓ All	✓ All			□ All		\$ 100.45	8070
Drugs		All		410.00	✓ All	✓ All				All	3 100.43	
Generics	<u> </u>			\$10.00	✓ ✓	<u>v</u>					Specialty Dr Coins Max We	ighting
Preferred Brand Drugs	<u> </u>			\$45.00	V	<u>v</u>			<u>v</u>		Tier 4 \$ 100	78%
Non-Preferred Brand Drugs				\$65.00	✓	<u>v</u>						22%
Specialty Drugs (i.e. high-cost)	V	V	50%		V				Ш			22%
Options for Additional Benefit Design Limits:	_	7	Plan Description								\$ 110.85	
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nan							District of City of Continue Ave	
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	•						Blending of Site-of-Service AVs	
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]						Hospital 81%	81.39%
# Days (1-10):											Freestandin 19%	84.45%
Begin Primary Care Cost-Sharing After a Set Number of Visits?											L	81.97%
# Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copays?												
#Copays (1-10):												
Output		-										
Calculate												
Status/Error Messages:	Calculation Suco	essful.										
Actuarial Value:	81.39%	•										
Metal Tier:	Gold											
		ore services are n	ot subject to the o	deductible and h	ave no conav	Anv service wit	h this cost-sharing	g structure is o	overed at 100% h	v the plan in the		
Additional Notes:		e. NOTE: Service-										
Additional Notes.	cultivate runge						,	o sucputient				
Calculation Times	0.1004											
	0.1094 seconds											
Final 2020 AV Calculator												

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	ed Network Op	tion						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:		1st T	ier Utilization:							
Use Separate MOOP for Medical and Drug Spending?		Ailliuai Collitii	dition Amount.		2nd T	ier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	·												
Desired Metal Tie													
		r 1 Plan Benefit De				Plan Benefit D							
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$	\$1,500.00	\$250.00											
Coinsurance (%, Insurer's Cost Share)		100.00%											
MOOP (\$,	900.00											
MOOP if Separate (\$)			<u> </u>										
Click Here for Important Instructions		Tie	1			Tie			Tier 1	Tier 2	Ī		
CHECK THEFE FOR IMPORTANT MISTRACTIONS	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie				
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	•			
Medical	☐ All	☐ All			✓ All	✓ All			☐ All	All			
Emergency Room Services	V			\$250.00	\ \ \	V			V				
All Inpatient Hospital Services (inc. MH/SUD)	V			\$400.00	V	✓			V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	П			\$15.00	✓	✓				П			
X-rays)				\$15.00						_			
Specialist Visit				\$30.00	V	✓							
Mental/Behavioral Health and Substance Use Disorder Outpatient					✓	✓							
Services					. ✓	<u>~</u>							
Imaging (CT/PET Scans, MRIs)				\$200.00									
Speech Therapy				\$30.00	✓	V							
Occupational and Physical Therapy				\$30.00	✓	✓							
Preventive Care/Screening/Immunization		П	100%				100%	\$0.00					
Laboratory Outpatient and Professional Services			10070	\$15.00	V	<u> </u>	100/0	ψο.σο					
X-rays and Diagnostic Imaging				\$30.00	V	✓							
Skilled Nursing Facility	V			\$30.00	<u> </u>	<u></u>			<u> </u>				
				\$200.00	✓	✓							Weighting
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)											OP Facility S	\$ 200	
Outpatient Surgery Physician/Surgical Services				\$30.00	✓	₹					OP Facility I	\$ -	0%
Drugs	✓ All	All			✓ All	✓ All			☐ All	☐ All		\$ 200.00]
Generics				\$10.00	✓	<u> </u>					Specialty Dr	Caina Mani	Weighting
Preferred Brand Drugs	V			\$45.00	▽	v v			V		Tier 4	\$ 100	
Non-Preferred Brand Drugs	V		50%	\$65.00		✓					Tier 5	\$ 150	22%
Specialty Drugs (i.e. high-cost)	V	V	Plan Description:		V	<u> </u>					ner 3	\$ 110.85	
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments?	· •	1	•	Input Plan Nan	nal						!	- - 110.05	J
Specialty Rx Coinsurance Maximum				Input Plan HIO									
Set a Maximum Number of Days for Charging an IP Copay?		7		(Input Issuer HI	•								
# Days (1-10)				(input issue: in	05.5,								
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
# Visits (1-10)	:												
Begin Primary Care Deductible/Coinsurance After a Set Number of	f 🗌												
Copays													
# Copays (1-10)	:												
Calculate													
Status/Error Messages:	Error: Result is o	utside of [-4, +2] r	ercent de minimis	variation.									
Actuarial Value:	84.45%												
Metal Tier:													
	NOTE: One or m	ore services are n	ot subject to the de	ductible and h	ave no copay. A	ny service with	this cost-sharin	g structure is cov	vered at 100% by	the plan in the			
Additional Notes:	deductible range	e. NOTE: Service-	specific cost-sharin	g is applying fo	r service(s) witl	fac/prof comp	onents, overridi	ng outpatient in	puts for those se	ervice(s).			
Calculation Time:	0.125 seconds												
Final 2020 AV Calculator													

AV Calculator - BluePreferred PPO Silver 1500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters				•	•					
Use Integrated Medical and Drug Deductible?				Tie	red Network O	ption				
Apply Inpatient Copay per Day?	✓	HSA/HRA Employ	yer Contribution?	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?	✓	Annual Contrib	oution Amount:		1st 7	Tier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Allifual Colletti	dution Amount.		2nd 1	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼			-						
		1 Plan Benefit De				2 Plan Benefit I				
S 1 111 (A)	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$1,500.00	\$250.00								
Coinsurance (%, Insurer's Cost Share) MOOP (\$)	100.00%	100.00%		-		l				
MOOP (\$) MOOP if Separate (\$)	\$8,1	50.00								
MOOF II Separate (3)										
Click Here for Important Instructions		Tie	r1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?		separate	deduct	•
Medical	✓ All	☐ All			✓ All	✓ All			✓ All	All
Emergency Room Services	>		-	\$400.00	~	V			~	
All Inpatient Hospital Services (inc. MH/SUD)	>			\$500.00	✓	✓			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$40.00						
X-rays)				\$40.00	✓	✓				
Specialist Visit	>			\$100.00	V	V			✓	
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00	✓	V				
Services					_					_
Imaging (CT/PET Scans, MRIs)	>			\$550.00	V	V			✓	
Speech Therapy	>			\$100.00	✓	<u>~</u>			V	
	V			\$100.00	✓	✓			✓	
Occupational and Physical Therapy		_								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	N N			\$100.00	V	V			▽	
X-rays and Diagnostic Imaging				\$150.00						
Skilled Nursing Facility	>			\$100.00	V	<u>~</u>			✓	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	>			\$140.81	✓	✓			✓	
Outpatient Surgery Physician/Surgical Services	>	П		\$100.00		~			7	П
Drugs	▼ All	□ All		\$100.00	✓ All	✓ All			✓ All	□ All
Generics				\$10.00	▽	<u> </u>				
Preferred Brand Drugs	Y			\$45.00	✓				V	
Non-Preferred Brand Drugs	>			\$65.00	V	V			✓	
Specialty Drugs (i.e. high-cost)	>	•	50%		V	V				
Options for Additional Benefit Design Limits:		_	Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nan	ne]					
Specialty Rx Coinsurance Maximum:	\$110.85		Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay?	\checkmark		Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):	5									
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):]								
Output										
Calculate Status (Error Mossages)	Calculation Succe	accful								
	71.67%	essiul.								
	71.67% Silver									
		necific cost-sharin	g is anniving for	envice(s) with fo	c/nrof compon	ents overridin	g outpatient inpu	ts for those co	nvice(s)	
Additional Notes:	1407E. Jervice-sp	occinic cost-sildilli	5 is applying IOI s	scivice(s) willid	c, proi compon	ciia, overrium	5 outpatient nipu		VICC(3).	
Additional Notes:										
Calculation Time:	0.0977 seconds									
Calculation Time: Final 2020 AV Calculator	0.03// 56(0)(0)									

OP Facility !	\$	50	80%
	\$	140.81	
Specialty Dr	Coin	s Max	Weighting
Tier 4	\$	100	78%
Tier 5	\$	150	22%
	\$	110.85	
Blending of	Site-	of-Service	AVs
Hospital		81%	71.67%
Freestandin		19%	72.87%
			71.90%

OP Facility \$ \$ 500

Weighting

AV Calculator - BluePreferred PPO Silver 1500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters		-										
Use Integrated Medical and Drug Deductible?		HSA/HRA Options			Tie	red Network O	ption					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?						
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			ier Utilization:						
Use Separate MOOP for Medical and Drug Spending?	=				2nd 1	ier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier		r 1 Plan Benefit De	ncian	İ	Tion	2 Plan Benefit	Dosign					
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)	\$1,500.00	\$250.00	Companie		Wearea	J.ug	Compiled					
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%										
MOOP (\$)	\$8,1	50.00				•						
MOOP if Separate (\$)				•								
						_					1	
Click Here for Important Instructions	C. his and a	Tie			California		er 2	C 'f	Tier 1	Tier 2		
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Subject to	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Copay applied deduc			
Medical	✓ All	□ All	amerent	separate	✓ All	✓ All	airrerent	separate	✓ All	□ All		
Emergency Room Services	V			\$400.00	▼	<u> </u>			<u> </u>		i	
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	<u> </u>	✓			V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and											i	
X-rays)				\$40.00	✓	✓					i	
Specialist Visit	V			\$100.00	V	V			V			
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00	V	~					i	
Services					_					_	i	
Imaging (CT/PET Scans, MRIs)	V			\$250.00	<u> </u>	<u>~</u>			V		i	
Speech Therapy	V			\$100.00	✓	✓			~			
Occupational and Physical Therapy	✓			\$100.00	✓	✓			✓			
Preventive Care/Screening/Immunization		П	100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services	V		100/0	\$25.00	<u> </u>	<u> </u>	100%	Ş0.00	~			
X-rays and Diagnostic Imaging	☑			\$50.00					Z			
Skilled Nursing Facility	✓			\$100.00	V	✓			✓			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v			\$300.00	V	✓			v			
					_	_				_	Copays	
Outpatient Surgery Physician/Surgical Services	V			\$100.00	>	V			V		OP Facility 9 \$ OP Facility Non-Surge	30
Drugs	✓ All	All		440.00	✓ All	✓ All			✓ All	☐ All	·	300.0
Generics Preferred Brand Drugs	□ ▼			\$10.00 \$45.00	V	<u>v</u>			<u> </u>		<u>. </u>	300.0
Non-Preferred Brand Drugs	V			\$65.00	Ž	V			V		Specialty Dr Coins Ma	ax
Specialty Drugs (i.e. high-cost)	V	V	50%	703.00	7	V			- Ä	Ä	Tier 4 \$	10
Options for Additional Benefit Design Limits:			Plan Description:								Tier 5 \$	15
Set a Maximum on Specialty Rx Coinsurance Payments?	V	1		[Input Plan Nam	nel						\$	110.8
Specialty Rx Coinsurance Maximum:				[Input Plan HIO								
Set a Maximum Number of Days for Charging an IP Copay?	>		Issuer HIOS ID:	[Input Issuer HI	OS ID]							
# Days (1-10):	5	1										
Begin Primary Care Cost-Sharing After a Set Number of Visits?												
#Visits (1-10):		-										
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	ш											
# Copays (1-10):												
Output		1										
Calculate												
Status/Error Messages:	Error: Result is o	utside of [-4, +2] p	percent de minimi	s variation.								
Actuarial Value:	72.87%											
Metal Tier:												
	NOTE: Service-sp	pecific cost-sharin	ig is applying for se	ervice(s) with fac	c/prof compone	ents, overridin	g outpatient inpu	ts for those se	rvice(s).			
Additional Notes:												
Calculation Time:	0.1094 seconds											
Final 2020 AV Calculator												

100%

78% 22%

110.85

AV Calculator - BluePreferred PPO HSA/HRA Silver 1500

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options		Tier	ed Network Op	tion					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered I	Network Plan?						
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1st T	ier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletti	oution Amount.		2nd T	ier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier	Silver ▼											
		1 Plan Benefit De				2 Plan Benefit D						
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)			\$1,500.00									
Coinsurance (%, Insurer's Cost Share)			100.00%									
MOOP (\$)			\$6,750.00									
MOOP if Separate (\$)												
Click Here for Important Instructions		Tie	v=1			Tie			Tier 1	Tier 2		
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies			
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	-		
Medical	✓ All	All			✓ All	✓ All			✓ All	☐ All		
Emergency Room Services	>			\$250.00	✓	✓			✓			
All Inpatient Hospital Services (inc. MH/SUD)	>			\$500.00	✓	V			V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	V			\$25.00	✓	V			✓			
X-rays)												
Specialist Visit	Ŋ			\$50.00	✓	V			✓			
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓			\$25.00	✓	✓			✓			
Services					_ _	 			✓			
Imaging (CT/PET Scans, MRIs)				\$500.00								
Speech Therapy	>			\$50.00	. ✓	V			V			
Occupational and Physical Therapy	>			\$50.00	✓	✓			✓			
Preventive Care/Screening/Immunization		П	100%	\$0.00	l 🗆	П	100%	\$0.00				
Laboratory Outpatient and Professional Services	V			\$150.00		V		*	V			
X-rays and Diagnostic Imaging				\$200.00		<u> </u>			<u> </u>			
Skilled Nursing Facility	<u> </u>			\$50.00	✓	V			<u> </u>			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$140.81	✓	✓			✓			
Outpatient Surgery Physician/Surgical Services	ב			\$50.00	V	V			V			hting
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All	OP Facility 5 500	209
Generics	>			\$10.00	✓	✓			V		OP Facility I \$ 50	80%
Preferred Brand Drugs	>			\$45.00	V	∨ ∨			V		\$ 140.81	
Non-Preferred Brand Drugs	<u> </u>			\$65.00					Z .			
Specialty Drugs (i.e. high-cost)	V	V	50%		V	V					Specialty Dr Coins Max Weig	
Options for Additional Benefit Design Limits:		ח	Plan Description:		_						Tier 4 \$ 100 Tier 5 \$ 150	789 229
Set a Maximum on Specialty Rx Coinsurance Payments?				Input Plan Nar							\$ 110.85	227
Specialty Rx Coinsurance Maximum:				Input Plan HIC							3 110.65	
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID:	[Input Issuer H	נטו צטו						Blending of Site-of-Service AVs	
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		-										71.549
#Visits (1-10):												72.729
Begin Primary Care Deductible/Coinsurance After a Set Number of	П											71.76%
Copays?												
# Copays (1-10):												
Output		-										
Calculate												
	Calculation Succ	essful.										
	71.54%											
	Silver								(-)			
	NUIE: Service-s	pecific cost-sharin	g is applying for se	rvice(s) with fa	ic/prot compone	ents, overriding	outpatient inpu	ts for those ser	vice(s).			
Additional Notes:												
Out the Tax	0.0057											
Calculation Time: Final 2020 AV Calculator	0.0957 seconds											
rinai 2020 AV Cdicuidtui												

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters				•							
Use Integrated Medical and Drug Deductible?	\checkmark	HSA/HRA Options Tiered Network Option				ption					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan					
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization					
Use Separate MOOP for Medical and Drug Spending?		/ imaar contin			2nd 1	Tier Utilization	:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	Silver ▼										
Desired Metal Tier		1 Plan Benefit D			Time	2 Plan Benefit	Davies				
	Medical	Drug	Combined		Medical	Drug	Combined				
Deductible (\$)	ivieuicai	Drug	\$1,500.00		ivieuicai	Drug	Combined				
Coinsurance (%, Insurer's Cost Share)			100.00%								
MOOP (\$)			\$6,750.00								
MOOP if Separate (\$)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
•			_				_				
Click Here for Important Instructions		Tie					ier 2		Tier 1	Tier 2	1
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applic deduc		1
Medical	✓ All	□ All	unierent	зерагате	✓ All	✓ All	unierent	separate	✓ All	□ All	1
Emergency Room Services	✓			\$250.00	V	V			✓		1
All Inpatient Hospital Services (inc. MH/SUD)	✓			\$500.00	<u> </u>	<u> </u>		***************************************	✓		1
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and											1
X-rays)	~			\$25.00	V	✓			✓		1
Specialist Visit	V			\$50.00	V	V			V		1
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓			\$25.00	✓	✓			V		1
Services					_	_				_	1
Imaging (CT/PET Scans, MRIs)	V			\$250.00	V	V			V		1
Speech Therapy	V			\$50.00	V	✓			<u> </u>		1
Ossurational and Bhusisal Thomas	✓			\$50.00	~	✓			✓		1
Occupational and Physical Therapy Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00			1
Laboratory Outpatient and Professional Services	V		10076	\$25.00	<u> </u>		100/6	\$0.00	V	П	1
X-rays and Diagnostic Imaging	✓			\$50.00	V	V			Z		1
Skilled Nursing Facility	<u> </u>			\$50.00	<u></u>	<u>_</u>			<u> </u>		1
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$300.00	V	V			✓		
					V					_	and the second
Outpatient Surgery Physician/Surgical Services	✓ ✓ All	□ □ All		\$50.00	✓ All	✓ All			✓ ✓ All		Copays Weighting OP Facility \$ 300 100%
Drugs	✓ All			Ć40.00	✓ All	✓ All			V All	☐ All	OP Facility \$ - 0%
Generics Preferred Brand Drugs	<u> </u>			\$10.00 \$45.00	<u>v</u>	<u>v</u>			<u> </u>		\$ 300.00
Non-Preferred Brand Drugs	V			\$65.00	<u>.</u>	<u>.</u>			V		ψ 555.55
Specialty Drugs (i.e. high-cost)	V	V	50%	703.00		Ö				- F	Specialty Dr Coins Max Weighting
Options for Additional Benefit Design Limits:			Plan Description:								Tier 4 \$ 100 78%
Set a Maximum on Specialty Rx Coinsurance Payments?	V]		[Input Plan Nan	nel						Tier 5 \$ 150 22%
Specialty Rx Coinsurance Maximum:				[Input Plan HIO:							\$ 110.85
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]						
# Days (1-10):											
Begin Primary Care Cost-Sharing After a Set Number of Visits?											
# Visits (1-10):											
Begin Primary Care Deductible/Coinsurance After a Set Number of											
Copays?											
# Copays (1-10):		J									
Calculate											
	Error: Result is or	utside of [-4, +2] i	percent de minimi	s variation.							
	72.72%										
Metal Tier:											
	NOTE: Service-sp	ecific cost-sharir	g is applying for se	rvice(s) with fa	c/prof compone	ents, overridin	g outpatient inpu	ts for those se	vice(s).		
Additional Notes:											
	0.0781 seconds										
Final 2020 AV Calculator											

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:	S	Tie	red Network O	ption					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆	Tiered	Network Plan?	· 🗆					
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st 7	Γier Utilization	:					
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletti	oution Amount.		2nd T	Γier Utilization						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier	Silver ▼			_								
		1 Plan Benefit De				2 Plan Benefit						
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)			\$2,000.00									
Coinsurance (%, Insurer's Cost Share)			100.00%									
MOOP (\$)			\$5,550.00									
MOOP if Separate (\$)												
Click Here for Important Instructions		Tie	or 1			т.	ier 2		Tier 1	Tier 2		
CHECK HETE TOT IMPORTANTE HISTIACTIONS	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if		es only after		
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduc			
Medical	✓ All	□ All	umerent	separate	✓ All	✓ All	umerent	separate	✓ All	All		
Emergency Room Services	V			\$250.00	<u> </u>	<u> </u>			<u> </u>			
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	<u> </u>	_ _			V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					······	······		•		· · · · · · · · · · · · · · · · · · ·		
X-rays)	✓			\$25.00	✓	✓			✓			
Specialist Visit	V			\$50.00	V	V		•	V			
Mental/Behavioral Health and Substance Use Disorder Outpatient				£25.00								
Services	✓			\$25.00	✓	✓			V			
Imaging (CT/PET Scans, MRIs)	•			\$500.00	V	V			V			
Speech Therapy	V			\$50.00	V	V			V			
	V			\$50.00	✓	<u> </u>			V			
Occupational and Physical Therapy				\$50.00					<u></u>			
Preventive Care/Screening/Immunization			100%				100%	\$0.00				
Laboratory Outpatient and Professional Services	V			\$50.00	V	V			V			
X-rays and Diagnostic Imaging	>			\$100.00	V	<u>~</u>			Y			
Skilled Nursing Facility	>			\$50.00	V	V			V			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$120.63	✓	✓			✓		Copays	Weighting
	<u> </u>				_ ▽	_ _				П	OP Facility \$ 400	 1
Outpatient Surgery Physician/Surgical Services				\$50.00					<u> </u>		OP Facility (\$ 50 \$ 120.63	_
Drugs	✓ All	Ali		Ć40.00	✓ All	✓ All			✓ All	All	\$ 120.63	<u> </u>
Generics	<u> </u>			\$10.00	✓	<u>∨</u>			<u> </u>		Specialty Dr Coins Max	Weighting
Preferred Brand Drugs	<u>V</u>			\$45.00 \$65.00	✓	<u>~</u>			<u>V</u>		Tier 4 \$ 100	
Non-Preferred Brand Drugs Specialty Drugs (i.e. high-cost)	<u> </u>	$\overline{\mathbf{Z}}$	50%	\$65.00	j	Ö				H	Tier 5 \$ 150	_
Options for Additional Benefit Design Limits:			Plan Description	·		Ľ					\$ 110.85	
Set a Maximum on Specialty Rx Coinsurance Payments?		ו	Name:	Input Plan Nam	nel							_
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO:	•						Blending of Site-of-Servic	e AVs
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI							Hospital 819	71.85%
# Davs (1-10):				[mpat issue: in	00.0,						Freestandin 199	% 72.30%
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1										71.94%
# Visits (1-10):	_											-
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copays?												
# Copays (1-10):												
Output		_										
Calculate												
Status/Error Messages:	Calculation Succe	essful.										
	71.85%											
	Silver											
							h this cost-sharin					
Additional Notes:	deductible range	. NOTE: Service-	specific cost-shar	ing is applying fo	r service(s) wit	h tac/prof com	ponents, overridi	ng outpatient i	nputs for those se	ervice(s).		
	0.125 seconds											
Final 2020 AV Calculator												

Innuts for Freestanding Site-of-Service

User Inputs for Plan Parameters				pats for Freese	anding one or o							
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Option	s	Tier	red Network O	ption					
Apply Inpatient Copay per Day?	✓	HSA/HRA Emplo	yer Contribution		Tiered I	Network Plan?	· 🗆					
Apply Skilled Nursing Facility Copay per Day?	✓	Annual Contri	bution Amount:		1st T	ier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletti	bution Amount.		2nd T	ier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier				-								
		1 Plan Benefit D				2 Plan Benefit						
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)			\$2,000.00									
Coinsurance (%, Insurer's Cost Share)			100.00%	-								
MOOP (\$)		1	\$5,550.00									
MOOP if Separate (\$)												
Click Here for Important Instructions		Tie	er 1			Ti	ier 2		Tier 1	Tier 2		
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie			
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct			
Medical	✓ All	All			✓ All	✓ All		- Сериниче	✓ All	All		
Emergency Room Services	<u> </u>			\$250.00	V	<u> </u>			<u> </u>			
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	<u>~</u>	<u> </u>			V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and												
X-rays)	✓			\$25.00	V	✓			V			
Specialist Visit	V			\$50.00	V	V			V			
Mental/Behavioral Health and Substance Use Disorder Outpatient				¢25.00								
Services	V			\$25.00	V	V			✓			
Imaging (CT/PET Scans, MRIs)	~			\$250.00	V	V			v			
Speech Therapy	V			\$50.00	✓	V			V			
	✓			\$50.00	✓	✓			✓			
Occupational and Physical Therapy				φ30.00	_	_						
Preventive Care/Screening/Immunization			100%				100%	\$0.00				
Laboratory Outpatient and Professional Services	Ŋ			\$25.00	V	V			Z			
X-rays and Diagnostic Imaging	V			\$50.00					V			
Skilled Nursing Facility	✓			\$50.00	V	V			V			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$300.00	V	✓			✓			
Outpatient Surgery Physician/Surgical Services	V			\$50.00	✓	✓			V		Copay	ys Weighting
Drugs	✓ All	☐ All		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	✓ All	✓ All			✓ All	☐ All	OP Facility 5 \$	300 100%
Generics	~			\$10.00	V	V			V		OP Facility I \$	- 0%
Preferred Brand Drugs	V			\$45.00	✓	✓			V		\$	300.00
Non-Preferred Brand Drugs	V			\$65.00	V	✓			~			
Specialty Drugs (i.e. high-cost)	>	>	50%		Y	V					Specialty Dr Coins I	
Options for Additional Benefit Design Limits:		_	Plan Description	1:							Tier 4 \$	100 78%
Set a Maximum on Specialty Rx Coinsurance Payments?	✓		Name:	[Input Plan Nam	ne]						Tier 5	150 22%
Specialty Rx Coinsurance Maximum:	\$110.85		Plan HIOS ID:	[Input Plan HIOS	S ID]						\$	110.85
Set a Maximum Number of Days for Charging an IP Copay?	\checkmark		Issuer HIOS ID:	[Input Issuer HI	OS ID]							
# Days (1-10):	3											
Begin Primary Care Cost-Sharing After a Set Number of Visits?												
# Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copays?												
# Copays (1-10):]										
Output												
Calculate Status (Error Moscages)	Error: Bosult :	utside of [4 :2]	acreent de mi-i-	is variation								
	72.30%	utside of [-4, +2]	Jercent de minim	iis variatiori.								
Metal Tier:	/ 2.3070											
	NOTE: One or me	ore convices are n	ot subject to the	deductible and ba	ave no conav. ^	ny sarvica wit	h this cost-sharing	a structure is co	overed at 100% by	the plan in the		
								-	nputs for those se			
Additional Notes.	acauctione range		opecine cost snai	appryring 101	. Je. vice(3) With		ponenta, overnun	outputient				
Calculation Time:	0.1094 seconds											
Final 2020 AV Calculator	0.1034 Seconus											

AV Calculator - BluePreferred PPO HSA/HRA Silver 2000 70

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	>		HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st ⁻	Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:		2nd	Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					•					
Desired Metal Tier										
Desired Wetal Her		1 Plan Benefit De	sign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	ivieuicai	Diug	\$2,000.00		ivieuicai	Diug	Combined			
			70.00%							
Coinsurance (%, Insurer's Cost Share)				4						
MOOP (\$)			\$6,750.00	_						
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	1				er 2		Tier 1	Tier 2
Click Here for important instructions	Cultivate				Cultivate			C		
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	-	Coinsurance, if	Copay, if	Copay applie	-
20 11 1	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services					V					
All Inpatient Hospital Services (inc. MH/SUD)	V	V			V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓	•			✓	✓				
X-rays)					_	_				
Specialist Visit	V	V			V	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	✓	•			✓	✓				
Imaging (CT/PET Scans, MRIs)	✓	_			✓	✓				
Speech Therapy	V	V	***************************************		✓	✓				
Occupational and Physical Therapy	V	~			✓	✓				
Preventive Care/Screening/Immunization			100%				100%	\$0.00		
Laboratory Outpatient and Professional Services			10070				10070	\$0.00		
	V	<u> </u>			V V					
X-rays and Diagnostic Imaging		<u> </u>						-		
Skilled Nursing Facility	✓	<u> </u>		<u>.</u>	V	<u> </u>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~			✓	✓				
Outpatient Surgery Physician/Surgical Services	v	V			-	~				
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	□ All
Generics	V			\$10.00	V All	V All			V	
Preferred Brand Drugs	Ž					Ž			V	
				\$45.00	V	<u>~</u>			<u> </u>	
Non-Preferred Brand Drugs	v V			\$65.00		<u> </u>		-		
Specialty Drugs (i.e. high-cost)	•	Ш		\$110.85	V				V	
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nan						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay?	Ш		Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Succe	ecful								
Actuarial Value:	71.87%	.557 ur.								
Metal Tier:	Silver			الله و و المائعة بالمماه		A	h abia aast abaa'			aha alaa te stee
			or subject to the	ueductible and h	ave no copay. I	any service wit	n this cost-sharing	structure is co	vered at 100% by	arie pian in the
Additional Notes:	deductible range									
Calculation Time:	0.0938 seconds									
Final 2020 AV Calculator										

AV Calculator - BluePreferred PPO HSA/HRA 2300 80%/60% (SHOP)

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible	• 🔽		HSA/HRA Options	5	Tie	red Network O	ption			
Apply Inpatient Copay per Day		HSA/HRA Emplo	yer Contribution?	· 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day						Fier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:		2nd ⁻	Γier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tie	Silver			_						
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$			\$2,300.00							
Coinsurance (%, Insurer's Cost Share			80.00%							
MOOP (\$			\$6,750.00							
MOOP if Separate (\$										
	-									
Click Here for Important Instructions			er 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
AA-d'd	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	aeauc	ctible?
Medical Emergency Room Services	V All	V AII			V All					
All Inpatient Hospital Services (inc. MH/SUD)	V	<u> </u>				y				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and						······································				
X-rays)	✓	✓			✓	✓				
Specialist Visit	V	V				✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient					1					
Services	✓	✓			~	✓				
Imaging (CT/PET Scans, MRIs)	✓	V				✓				
Speech Therapy	✓	<u> </u>			<u> </u>	✓				
	V	~			V	<u> </u>				
Occupational and Physical Therapy		<u>~</u>			_				Ц	
Preventive Care/Screening/Immunization			100%				100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V			✓	✓				
X-rays and Diagnostic Imaging	V	V			V	✓				
Skilled Nursing Facility	>	✓			✓	>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	•			✓	V				
Outpatient Surgery Physician/Surgical Services	✓	✓				~		······································		
Drugs	✓ All	✓ All			✓ All	✓ All			□ All	All
Generics	✓			\$10.00	V	<u> </u>			<u> </u>	
Preferred Brand Drugs	<u> </u>	<u> </u>	80%		1 🔻	_ _				
Non-Preferred Brand Drugs	<u> </u>	<u> </u>	60%			<u> </u>		/		
Specialty Drugs (i.e. high-cost)	$\overline{\mathbf{v}}$	✓	50%			<u> </u>				
Options for Additional Benefit Design Limits:	•		Plan Description	1:	•					
Set a Maximum on Specialty Rx Coinsurance Payments	· •		Name:	[Input Plan Nar	me]					
Specialty Rx Coinsurance Maximum	\$110.85		Plan HIOS ID:	[Input Plan HIO	S ID]					
Set a Maximum Number of Days for Charging an IP Copay	· 🗆		Issuer HIOS ID:	[Input Issuer HI	IOS ID]					
# Days (1-10)	:									
Begin Primary Care Cost-Sharing After a Set Number of Visits?	· 🗆									
# Visits (1-10)	:									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays										
# Copays (1-10)	:									
Output										
Calculate										
Status/Error Messages:	Calculation Succe	esstul.								
Actuarial Value:	71.91%									
Metal Tier:	Silver			dia di castello di 11			habte each to the			about a to a to a to
			ot subject to the o	deductible and h	ave no copay.	any service wit	n this cost-sharin	g structure is co	overed at 100% by	the plan in the
Additional Notes:	deductible range	١.								
Calculation Time:	0.125 seconds									
Final 2020 AV Calculator										

AV Calculator - BluePreferred PPO 1000 90%/70% (SHOP)

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	i	Tier	red Network O	ption					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?	. 🗆					
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st T	ier Utilization:	:					
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	batton Amount.		2nd T	ier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier												
		r 1 Plan Benefit D				2 Plan Benefit						
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)			\$1,000.00									
Coinsurance (%, Insurer's Cost Share)			90.00%									
MOOP (\$)		1	\$6,550.00]								
MOOP if Separate (\$)							ı					
Click Here for Important Instructions		т:	er 1			т:	er 2		Tier 1	Tier 2	1	
Click here for important instructions	Subject to	Subject to	Coinsurance, if	Community	Subject to		Coinsurance, if	Community		es only after	ı	
Type of Benefit	Deductible?	Coinsurance?	different	Copay, if separate	-	Coinsurance?		Copay, if separate	copay appili deduc		1	
Medical	✓ All	✓ All	unierent	separate	✓ All	✓ All	uniterent	separate	All	All	1	
Emergency Room Services	V	<u> </u>									1	
All Inpatient Hospital Services (inc. MH/SUD)	V	V			∨ ∨	V					1	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and											ı	
X-rays)	✓	~			✓	✓					1	
Specialist Visit	V	V			V	V					ı	
Mental/Behavioral Health and Substance Use Disorder Outpatient											1	
Services	✓	~			✓	✓					1	
Imaging (CT/PET Scans, MRIs)	✓	<u> </u>			V	V					ı	
Speech Therapy	✓	V			✓	✓					ı	
	V	✓			V	<u> </u>					1	
Occupational and Physical Therapy	· ·	•				•			ш		1	
Preventive Care/Screening/Immunization			100%				100%	\$0.00			1	
Laboratory Outpatient and Professional Services	V	V			> >	V					1	
X-rays and Diagnostic Imaging	V	V									1	
Skilled Nursing Facility	V	V			V	V					ı	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	•			✓	✓					ı	
										_		Copays
Outpatient Surgery Physician/Surgical Services	V	V			V	V					OP Facility	
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All All	OP Facility	Non-Surgery
Generics	V			\$10.00	V	V			<u> </u>		1	\$ -
Preferred Brand Drugs	V	<u> </u>	80%		V	▽					Cnocialty D	or Coins Max
Non-Preferred Brand Drugs	>	V	60%			∀					Tier 4	\$ 100
Specialty Drugs (i.e. high-cost)	⊻	✓	50%		V	V			Ш		Tier 5	\$ 150
Options for Additional Benefit Design Limits:		1	Plan Description								ilei 3	\$ 110.85
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Na								y 110.05
Specialty Rx Coinsurance Maximum:		1		[Input Plan HIC								
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[input issuer H	IIOS IDJ							
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		1										
#Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of		1										
Copays?												
# Copays (1-10):												
Output		_										
Calculate												
Status/Error Messages:	Calculation Suco	essful.										
Actuarial Value:	81.27%											
Metal Tier:	Gold											
	NOTE: One or me	ore services are n	ot subject to the d	leductible and h	nave no copay. A	Any service wit	h this cost-sharin	g structure is co	overed at 100% by	the plan in the		
Additional Notes:	deductible range		•							•		
	, and a											
Calculation Time:	0.0781 seconds											
Final 2020 AV Calculator												

Weighting 20%

Weighting

78% 22%

RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP PLANS SOLD ON DC HEALTH LINK CHECK-LIST

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be

consistent with the cover letter, if applicable.

Number Data Element		Requirement Description	Individual and Small Group				
			Has the Data Element Been Included?	Location of the Data Element			
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF			
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Appendix - Form Numbers_SG			
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Exhibit 11 - Plan Adjusted_SG			
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF			
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF			
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	Appendix - Form Numbers_SG			
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Exhibit 11 - Plan Adjusted_SG			
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	See the PDF file "AV Screen Shots" in SERFF			
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.	Yes	Appendix - Rate Change_SG			
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_SG			

Number Data Element		Requirement Description	Individual and Small Group			
			Has the Data Element	Location of the		
			Been Included?	Data Element		
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_SG		
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Appendix - Rate Change_SG		
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Appendix - Rate Change_SG		
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	Appendix - Rate Change_SG		
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_SG		
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Appendix - Total Experience		
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	Appendix - Total Experience		
17	Index Rate	Provide the index rate.	Yes	Exhibit 1 - Summary_SG		
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	Appendix - Total Experience		
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	No	Not applicable		

Number	Data Element	Requirement Description	Individual and Small Group			
			Has the Data Element	Location of the		
			Been Included?	Data Element		
19	Trend Assumption	Show trend assumptions by major types of service as defined by				
		HHS in the Part I Preliminary Justification template, separately by	Yes	Exhibit 8 - Trend		
		unit cost, utilization, and in total. Provide the development of the	165			
		trend assumptions.				
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base				
		experience period for rating and the requested effective date. Show				
		how the experience has been adjusted for cost-sharing changes in	No	Not applicable		
		the rate development. Provide support for the estimated cost impact				
		of the cost-sharing changes.				
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the				
		base experience period for rating and the requested effective date.		Exhibit 7 - Other		
		Show how the experience has been adjusted for changes in covered	Yes	Adjustments		
		benefits in the rate development. Provide support for the estimated				
		cost impact of the benefit changes.				
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan				
		designs, provide support for all requested rate changes by plan				
		design. Disclose the minimum, maximum, and average impact of	Yes	Appendix - Rate		
		the changes on policyholders.	165	Change_SG		
		For initial filings, provide the derivation of any new plan factors.				
23	Rating Factors	Provide the age and other rating factors used. Disclose any				
		changes to rating factors, and the minimum, maximum, and	Yes	Exhibit 14 - Age Slope		
		average impact on policyholders. Provide support for any changes.				
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of	No	Not applicable		
		the PHS Act) included in this filing.		The officers		
24	Distribution of Rate	Anticipated distribution of rate increases due to changes in base		Appendix - Rate		
	Increases	rates, plan relativities, and rating factors. This need not include	Yes	Change_SG		
	1	changes in demographics of the individual or group.		υ –		
25	Claim Reserve Needs	Provide the claims for the base experience period separately for				
		paid claims, and estimated incurred claims (including claim				
		reserve). Indicate the incurred period used for the base period.	Yes	Appendix - Total		
		Indicate the paid-through date of the paid claims, and provide a		Experience		
		basic description of the reserving methodology for claims reserves				
		and contract reserves, if any. Provide margins used, if any.				

Number	Data Element	Requirement Description	Individual and S	mall Group
			Has the Data Element	Location of the
			Been Included?	Data Element
26	Administrative Costs	Show the amount of administrative costs included with claims in		Exhibit10A - DICR SG
	of Programs that	the numerator of the MLR calculation . Show that the amount is	Yes	and Exhibit 10B - Fed
	Improve Health Care	consistent with the most recently filed Supplemental Health Care	2.22	MLR_SG
	Quality	Exhibit or provide support for the difference.		
27	Taxes and Licensing or			
	Regulatory Fees	premium in the denominator of your medical loss ratio		Exhibit10A - DICR SG
		calculation(c). Show that the amount is consistent with the most	Yes	and Exhibit 10B - Fed
		recently filed Supplemental Health Care Exhibit or provide support		MLR_SG
		for the difference.		
28	Medical Loss Ratio	Demonstrate that the projected loss ratio, including the requested		
	(MLR)	rate change, meets the minimum MLR. Show the premium,		
		claims, and adjustments separately with the development of the		Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_Combined
		projected premium and projected claims (if not provided in the	V	
		rate development section). If the loss ratio falls below the	Yes	
		minimum for the subset of policy forms in the filing, show that		WIER_Combined
		when combined with all other policy forms in the market segment		
		in District of Columbia, the loss ratio meets the minimum.		
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program.		
		Information should include assumed Risk Adjustment user fees,		
		Risk Adjustment PMPM excluding user fees and assumed		
		distribution of enrollment by risk score, plan, and geographical		E 1711 O BUI
		area. Provide support for the assumptions, including any	Yes	Exhibit 9 - Risk Adjustment _SG
		demographic changes. Provide information/study on the		Aujustilielit _50
		development of risk scores and Risk Adjustment PMPM. Provide		
		previous year-end estimated risk adjustment payable or receivable		
		amount and quantitative support for the amount.		
30	Past and Prospective	Indicate whether loss experience within or outside the state was		
	Loss Experience	used in the development of proposed rates. Provide an explanation	Yes	Not applicable
	Within and Outside the	for using loss experience within or outside the state.		

Number	Data Element	Requirement Description	Individual and Small Group			
			Has the Data Element Been Included?	Location of the Data Element		
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG		
32	Past and Prospective Expenses	Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change. Provide the assumed administrative costs in the following categories: • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG		
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memorandum		
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum		

Number	Data Element	Requirement Description	Individual and Small Group			
			Has the Data Element	Location of the		
			Been Included?	Data Element		
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Certification is included in the Actuarial Memorandum		
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	No	This is not a Grandfathered Filing, so a PRJ is not provided		
36.1	Unified Rate Review Template (Non- Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	See the URRT included as a separate document in SERFF		
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are "subject to review" as defined by HHS).	Yes	See the Part II included as a separate document in SERFF		
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. Provide in Excel format only.	Yes	See the Dataset included as a separate document in SERFF		
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	See the Part II included as a separate document in SERFF		
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	See the file "Index & Plan Comparison" included as a separate document in SERFF		

Number	Data Element	Requirement Description	Individual and S	mall Group
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 th of the current year, whichever is first.	Yes	See the Rate 'E file included as a separate document in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	 Provide the following for stand-alone dental plan filings: Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and Demonstration that the plan has a reasonable annual limitation on cost-sharing. 	No	Not applicable

CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the							
Dwayne Lucado	Dwayne Lucado Date: 2019/05.24 11:15:16-04'00'						
(Print Name)	(Signature)						

CareFirst BlueCross BlueShield Part III Actuarial Memorandum

4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

4.2 General Information Section

Company Identifying Information:

- Company Legal Name: Group Hospitalization and Medical Services, Inc. (GHMSI) NAIC # 53007
- State: District of Columbia
- HIOS Issuer ID: 78079
- Market: Small Groups (On Exchange)
- Effective Date: 1/1/20 and quarterly incremental "trend" increases effective 4/1/20, 7/1/20 and 10/1/20.
- Company Filing Number: 2344
- SERFF Filing Number: CFAP-131941267

Company Contact Information:

- Primary Contact Name: Mr. Dwayne Lucado, FSA, MAAA
- Primary Contact Telephone Number: 410-998-7519
- Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com

4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 18.5% on average for 1Q20. The range is 14.6% to 32.7%. The estimated average base rate changes for 2Q20, 3Q20, and 4Q20 are 17.6%, 17.2% and 16.5%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 12,574.

Reason for Rate Change(s):

The main drivers supporting the rate change are the deterioration in the base period experience of the combined pool, the re-introduction of the Health Insurer Fee in 2020, and the increase in contribution to reserve.

4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/18 through 12/31/18, as required.

Paid Through Date: 2/28/19

Current Date: 2/28/19

Premiums (prior to MLR rebates) in Experience Period: \$221,699,296

Experience Period Member Months: 396,670

Current Date Members: 31,164

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

• Processed through issuer's claim system: \$242,436,955

• Processed outside issuer's claim system: \$0

• IBNR: \$2,919,239

Incurred Claims

• Processed through issuer's claim system: \$215,503,011

• Processed outside issuer's claim system: \$0

• IBNR: \$2,593,187

Method used for determining Allowed Claims

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

Support for IBNR estimates

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

4.4.2 Benefit Categories

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

4.4.3 Projection Factors

4.4.3.1 Trend Factors

Trend Factors (Cost/Utilization):

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 8.4%, which is less than a point increase compared to the 7.5% trend assumed in our prior filing. Current observed medical trends as of 201812 are 10.5%, up from -1.1% in 201712. The current observed drug trends are 9.2% as of 201812, down from 13.5% in 201712.

We note that the current drug observed trend as of 201812 is artificially depressed due to a structural formulary change effective 201801. The adjusted observed drug trend as of 201812 is 12.0%. The adjusted aggregate medical and drug trend is 10.9%.

When normalized for induced demand, network, and demographics, the composite 10.9% observed trend decreases to 10.3%.

In addition, we sought industry data to help inform our trend assumption. The table below was developed from two different industry surveys from national consultants. The medical and drug trends reported were blended using our base period experience to estimate composite trends.

	2019 OW Carrier Trend Report			2019 Aon			
Percentile	HMO	PPO	CDH	HMO	PPO	CDH	Average
75th	8.2%	9.5%	9.9%	8.8%	9.2%	9.2%	9.1%
50th	7.5%	8.0%	8.3%	8.1%	7.6%	7.9%	7.9%
25th	5.3%	6.7%	6.7%	6.5%	6.1%	6.1%	6.2%

Based on this information we believe that our assumed 8.4% composite trend is well within the reasonable range of trend assumptions.

4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment:

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2020 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2019) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2020) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2018 to 2020 is expected to be 0.6%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

Demographic Shift:

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

Plan Design Changes:

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the

federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

Other Adjustments:

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

4.4.3.3 Manual Rate Adjustments

Not applicable, as experience was determined to be fully credible. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filing we are using a projection period ending with 3/31/2021 for our first quarter 2020 Index Rate Projection since business may be sold with this rate through 3/31/2020 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

4.4.3.4 Credibility of Experience

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

4.4.3.5 Establishing the Index Rate

The experience period index rate for this filing is \$610.55 and the projection period index rate is \$719.31. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

4.4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate for the Small Group market is \$675.84 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

Reinsurance

There are no reinsurance recoveries applicable to this market.

Risk Adjustment Payment/Charge:

The Experience Period Risk Adjustment transfers in the URRT are based on the most recent Wakely results.

Our projected 2020 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2018 to 2020, we have assumed an increase in the statewide premium of 17.1% which reflects an estimate of an average 3.0% increase in 2019 and 13.7% increase in 2020. We have assumed that our market share will decrease from 77.9% in 2018 to 75.5% in 2020. We have assumed that our PLRS ratio to the state will improve from 1.018 in 2018 to 1.004 in 2020. The resultant estimate of risk adjustment is that the GHMSI receivable transfer PMPM for the Small Group market will increase from \$36.59 in 2018 to \$39.83 in 2020.

Exchange User Fees:

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

4.4.4 Plan Adjusted Index Rate

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- Actuarial value and cost-sharing design of the plan: The actuarial value for each plan was
 determined using our own internal model and estimates the ratio of paid to allowed dollars given
 that plan's benefit design and the assumed allowed amount consistent with the projection period
 index rate. The URRT instructions state that this adjustment may "...take into account the benefit
 differences and utilization differences due to differences in cost-sharing." As a result, our plan
 adjusted index rates also include adjustments to account for the impact the metal level has on
 utilization.
- **Provider network**: All plans offered use the PPO network.
- **Benefits in addition to EHBs**: There is an adjustment to account for abortion coverage (which are offered in addition to EHBs).
- Administrative costs: See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
 - 1. Administrative Expense (G&A)
 - 2. Broker Commissions & Fees
 - 3. Federal Income Tax (FIT)
 - 4. Contribution to Reserve (Post-Tax)
 - 5. State Premium Tax
 - 6. Health Insurer Fee (HIF)
 - 7. Risk Adjustment User Fee
 - 8. Exchange Assessment Fee

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

4.4.5 Calibration

Age Curve Calibration

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found on Exhibit 13.

Geographic Factor Calibration

We have elected not to rate for geographic region.

Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

4.4.6 Consumer Adjusted Premium Rate Development

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

4.5 Projected Loss Ratio

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 85.5% for the Small Group market and 85.5% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

4.6 Plan Product Information

4.6.1 AV Metal Values

The majority of our 2020 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. The results were blended assuming 81% of the designated services are rendered in higher cost-share setting and the remaining 19% at the lower, consistent with experience from our small group and individual markets. Plans without these features used the AV calculator without modification

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing.

4.6.2 Membership Projections

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/28/19 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Small Group plans. Therefore, because of Individual being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

4.6.3 Plan Type

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

4.7 Miscellaneous Instructions

4.7.1 Effective Rate Review Information (Optional)

We have no additional exhibits.

4.7.2 Reliance

We do not have any reliance to state.

4.7.3 Actuarial Certification

Included in the Memorandum.

Group Hospitalization & Medical Services Inc. d.b.a. CareFirst BlueCross BlueShield (NAIC # 53007)

Rate Filing # 2344

D.C. Small Group Products

Rate Filing Effective 1/1/2020

Actuarial Memorandum

Group Hospitalization & Medical Services Inc. (NAIC # 53007)

H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA) D.C. Small Group Products Rate Filing Effective 1/1/2020 Actuarial Certification

- I, Dwayne Lucado, am a(n) Sr. Actuary with CareFirst GHMSI doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.
- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41. Actuarial Communications
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

- 1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1) and 147.102).
 - b. Developed in compliance with the applicable Actuarial Standards of Practice.
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - d. Neither excessive nor deficient.
- 2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
- 3. Consistent with 45 CFR § 156.135, the 2020 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado Date: 2019.05.24 11:15:56 -04'00'

Date: 2019.05.24 11:15:56 -04'0

Dwayne Lucado, FSA, MAAA Sr. Actuary CareFirst BlueCross BlueShield Mail Drop-Point 01-720 10455 Mill Run Circle Owings Mills, MD 21117

Exhibit 1 - Market Adjusted Index Rate Summary

			2020	Exhibit
(1)	Base Period Total Allowed	\$	611.18	2
(2)	Base Period Non-EHB PMPM	\$	0.63	2
(3)	Experience Period Index Rate	\$	610.55	
(4)	Change in Morbidity		1.0063	4
(5)	Additional Population Adjustment		1.0000	
(6)	Induced Demand		1.0104	5
(7)	Projection Period Utilization and Network Adjustment		1.0000	
(8)	Demographic Adjustment		0.9900	6
(9)	Area Adjustment		1.0000	
(10)	Additional "Other" Adjustments		0.9962	7
(11)	Annualized Trend		8.4%	8
(12)	Months of Trend		24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor		1.1750	
(14)	Projection Period Index Rate	\$	719.31	
(15) (16)	Risk Adjustment Program Federal Exchange User Fee		0.9396 1.0000	9
(17)	Market Adjusted Index Rate Without Risk Adjustment	•	675.84 719.31	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

Exhibit 2 - Base Period Experience

Service Category	I	ncurred Allowed	Allo	owed PMPM	Utilization Description	Utilization per 1,000	Average ost/Service
Inpatient Hospital	\$	40,840,921	\$	102.96	Admits	97.23	\$ 12,707.31
Outpatient Hospital	\$	48,913,925	\$	123.31	Visits	1,001.55	\$ 1,477.45
Professional	\$	74,021,182	\$	186.61	Visits	12,376.47	\$ 180.93
Other Medical	\$	15,251,140	\$	38.45	Services	1,647.78	\$ 280.00
Capitation	\$	429,583	\$	1.08	Benefit Period	1,000	\$ 13.00
Prescription Drug	\$	62,980,204	\$	158.77	Prescriptions	9,938.52	\$ 191.71
Total (EHB & Non-EHB)	\$	242,436,955	\$	611.18			
EHB Allowed	\$	242,188,128	\$	610.55			
Non-EHB Allowed	\$	248,827	\$	0.63			
Incurred Net	\$	215,503,011	\$	543.28			
Net/Allowed		88.89%					
Experience Period Member Months		396,670					
Experience Period Revenue	\$	221,699,296					

Exhibit 3 - Non-EHB Adjustment

		2020 (On-Exchange	2020 O		
(1)	Blended Index Rate	\$	736.53	\$	736.53	
(2)	Non-EHB PMPM	\$	0.13	\$	0.13	
(3)	Total	\$	736.66	\$	736.66	
(4)	Plan Level Adjustment		1.000		1.000	(3)/(1)

Base Year

Metal Level	Member Months	2018 Normalized Allowed PMPM			
Catastrophic		\$			
Bronze	22,490	\$	199.24		
Silver	64,807	\$	255.43		
Gold	126,784	\$	342.59		
Platinum	182,536	\$	375.60		
Subtotal	396 617	4	335 42		

Current Year YTD

Existing									
Metal Level	Member Months	2018 Normalized Allowed PMPM		Member Months		Morbidity Adjustment	No	9 Adjusted ormalized wed PMPM	
Catastrophic	-	\$		1.000	\$	-			
Bronze	2,889	\$	184.99	1.000	\$	184.99			
Silver	8,023	\$	265.56	1.000	\$	265.56			
Gold	17,203	\$	342.74	1.000	\$	342.74			
Platinum	24,727	\$	378.71	1.000	\$	378.71			
Subtotal	52,842	\$	339.23	1.000	\$	339.23			

New										
Metal Level Member Month			xisting Cohort Adjusted malized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM					
Catastrophic		\$		1.000	\$					
Bronze	351	\$	184.99	1.000	\$	184.99				
Silver	1,105	\$	265.56	1.000	\$	265.56				
Gold	2,823	\$	342.74	1.000	\$	342.74				
Platinum	3,467	\$	378.71	1.000	\$	378.71				
Subtotal	7,746	\$	340.68	1.000	\$	340.68				

Transfer						
Metal Level	Member Months		18 Normalized lowed PMPM	Morbidity Adjustment	No	9 Adjusted rmalized ved PMPM
Catastrophic		\$	-	1.000	\$	-
Bronze	122	\$	98.60	1.000	\$	98.60
Silver	351	\$	212.42	1.000	\$	212.42
Gold	653	\$	242.98	1.000	\$	242.98
Platinum	629	\$	341.05	1.000	\$	341.05
Subtotal	1,755	\$	261.98	1.000	\$	261.98

			Total			
Metal Level	Member Months	_	018 Normalized Allowed PMPM	Morbidity Adjustment	N	19 Adjusted ormalized owed PMPM
Catastrophic	-	\$	-	-	\$	
Bronze	3,362	\$	181.85	1.000	\$	181.85
Silver	9,479	\$	263.60	1.000	\$	263.60
Gold	20,679	\$	339.59	1.000	\$	339.59
Platinum	28,823	\$	377.89	1.000	\$	377.89
Subtotal	62,343	\$	337.24	1.000	\$	337.24

Remainder of Current Year

	Existing		
Metal Level	Member Months	Norma	9 Adjusted lized Allowed PMPM
Catastrophic		\$	-
Bronze	12,539	\$	184.99
Silver	38,182	\$	265.56
Gold	83,242	\$	342.74
Platinum	124,113	\$	378.71
Subtotal	258,076	\$	340.96

	New	
Metal Level	Member Months	019 Adjusted nalized Allowed PMPM
Catastrophic		\$ -
Bronze	2,504	\$ 184.99
Silver	5,822	\$ 265.56
Gold	15,748	\$ 342.74
Platinum	13,352	\$ 378.71
Subtotal	37,426	\$ 333.01

	Transfer					
Metal Level	evel Member Months		9 Adjusted lized Allowed PMPM			
Catastrophic		\$	-			
Bronze	590	\$	98.60			
Silver	1,612	\$	212.42			
Gold	3,120	\$	242.98			
Platinum	2,762	\$	341.05			
Subtotal	8,084	\$	259.85			

	Total		
Metal Level	el Member Months		Adjusted lized Allowed PMPM
Catastrophic		\$	
Bronze	15,633	\$	181.7
Silver	45,616	\$	263.69
Gold	102,110	\$	339.69
Platinum	140,227	\$	377.97
Subtotal	303,586	\$	337.82

Total Current Year

Total	Member Months	2019 Adjusted Normalized Allowed PMPM	
Catastrophic		\$	-
Bronze	18,995	\$	181.75
Silver	55,095	\$	263.67
Gold	122,789	\$	339.68
Platinum	169,050	\$	377.96
Subtotal	365 929	4	337 72

Rating Year

		Existing			
Metal Level	Member Months	 Normalized wed PMPM	Morbidity Adjustment	No	0 Adjusted ormalized wed PMPN
Catastrophic	-	\$ -	1.000	\$	-
Bronze	15,063	\$ 181.75	1.000	\$	181.75
Silver	46,036	\$ 263.67	1.000	\$	263.67
Gold	95,947	\$ 339.68	1.000	\$	339.68
Platinum	157,108	\$ 377.96	1.000	\$	377.96
Subtotal	314,154	\$ 340.11	1.000	\$	340.11

		New			
Metal Level	Member Months	xisting Cohort Adjusted Normalized Ilowed PMPM	Morbidity Adjustment	N	20 Adjusted Iormalized owed PMPM
Catastrophic	-	\$ -	1.000	\$	-
Bronze	2,450	\$ 181.75	1.000	\$	181.75
Silver	5,363	\$ 263.67	1.000	\$	263.67
Gold	9,051	\$ 339.68	1.000	\$	339.68
Platinum	10,210	\$ 377.96	1.000	\$	377.96
Subtotal	27,074	\$ 324.77	1.000	\$	324.77

		Transfer			
Metal Level	Member Months	 Normalized wed PMPM	Morbidity Adjustment	No	0 Adjusted rmalized wed PMPM
Catastrophic		\$ -	1.000	\$	
Bronze	312	\$ 98.60	1.000	\$	98.60
Silver	1,272	\$ 212.42	1.000	\$	212.42
Gold	2,556	\$ 242.98	1.000	\$	242.98
Platinum	2,868	\$ 341.05	1.000	\$	341.05
Subtotal	7,008	\$ 271.14	1.000	\$	271.14

		Total			
Metal Level	Member Months	 Normalized owed PMPM	Morbidity Adjustment	No	0 Adjusted rmalized wed PMPN
Catastrophic	-	\$ -	-	\$	-
Bronze	17,825	\$ 180.29	1.000	\$	180.29
Silver	52,671	\$ 262.43	1.000	\$	262.43
Gold	107,554	\$ 337.38	1.000	\$	337.38
Platinum	170,186	\$ 377.33	1.000	\$	377.33
Subtotal	348,236	\$ 337.53	1.000	\$	337.53

Year	Adjusted alized PMPM	Year over Year Change
2018	\$ 335.42	n/a
2019	\$ 337.72	0.7%
2020	\$ 337.53	-0.1%

Morbidity Adjustment Change	0.6%
Morhidity Adjustment Factor	1 0062

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2018 (2) Projected 2020	84.13% 85.77%	1.1089 1.1204	
(3) Adjustment*		1.0104	(2)/(1)

^{*}Applied to all service categories except capitations

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.7147	100.0%	34.9
(2)	Rating Period	Existing	1.7185	90.2%	
		New	1.5115	7.8%	
		Transfer	1.4755	2.0%	
(3)	Rating Period	All	1.6975	100.0%	34.6
(4)	Demographic Adjustment***	All	0.9900		

(3) / (1)

^{*}Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

^{**}Average ages are member weighted

^{***}Applied to all service categories except capitations

Exhibit 7 - Factors for Additional "Other" Adjustments

	Capitation adjustment			
(1)	EP Capitation PMPM	\$	0.55	
(2)	Projected Capitations PMPM	\$	0.75	
(3)	Adjustment to Capitation Category		1.3459	(2)/(1)
	Drug Rebates adjustment			
(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	182.15	
(5)	Experience Pharmacy Rebates PMPM	\$	23.38	
(6)	Projected Pharmacy Rebates PMPM	\$	22.89	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	Ś	158.77	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$	159.26	
(9)	Adjustment to Drug Category		1.0031	(8)/(7)
	Formulary Adjustments			
(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	182.15	
(11)	Ingredient cost Adjustment Factor		0.9840	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	179.24	(10)*(11)
(13)	Projection Period Pharmacy Rebates PMPM	\$	22.89	
(14)	Adjustment to Drug Category		0.9817 [(12) - (13)]/[(10) - (13)]

	РМРМ	Adjustment	
Inpatient Hospital	\$ 120.88	1.0000	
Outpatient Hospital	\$ 143.39	1.0000	
Professional	\$ 219.50	1.0000	
Other Medical	\$ 44.38	1.0000	
Capitation	\$ 0.55	1.3459	(3)
Prescription Drug	\$ 193.37	0.9847	(9)*(14)
Total	\$ 722.07	0.9962	

PMPM weights are set equal projected PMPM without "other" adj.

Exhibit 8 - Annual Trend Assumptions

	20:	18 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
	A	402.06	4.5.00/	4 0000	4 0000	4 0000
Inpatient Hospital	\$	102.96	16.8%	1.0800	1.0000	1.0800
Outpatient Hospital	\$	123.31	20.2%	1.0750	1.0000	1.0750
Professional	\$	186.61	30.5%	1.0600	1.0200	1.0812
Other Medical	\$	38.45	6.3%	1.0200	1.0500	1.0710
Capitation	\$	1.08	0.2%	1.0000	1.0000	1.0000
Prescription Drug	\$	158.77	26.0%	1.0000	1.1000	1.1000
Total	\$	611.18	100.0%			1.0838
Proposed Trend						1.0840

Exhibit 9 - Risk Adjustment

2018

Metallic Tier	Member Months	Distribution	PLRS		ARF	Transfer \$	РМРМ
Bronze	-	0.0%		-	-	\$0	\$0.00
Silver	35,807	12.2%	1	.0861	1.1011	-\$610,357	-\$17.05
Gold	100,207	34.1%	1	.3343	1.0426	\$3,280,915	\$32.74
Platinum	157,507	53.7%	1	.5613	1.0620	\$8,068,916	\$51.23
Total	293,521	100.0%	1	.4258	1.0601	\$10,739,474	\$36.59

Sta	+0	wid.	^ 7	1	0

Statewide PMPM 2018

Small Group	928,580	1.2585	1.0374	\$	422.87

2020

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	26,502	10.5%	0.9704	1.1316	-\$987,962	-\$37.28
Gold	79,934	31.6%	1.2047	1.0448	\$2,724,327	\$34.08
Platinum	146,468	57.9%	1.4273	1.0744	\$8,336,608	\$56.92
Total	252,904	100.0%	1.3091	1.0710	\$10,072,972	\$39.83

Statewide 2020

Statewide PMPM 2020

Small Group	944,103	1.1559	1.0458	\$ 495.22

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate (Avg. 1Q-4Q)	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*	
\$736.53	\$44.69	\$ 0.18	0.9396	

^{*}Adjustment Factor = (\$736.53 - \$44.69+ \$0.18) / \$736.53

Exhibit 10A - Desired Incurred Claims Ratio

	:	IQ 2020		2Q 2020	3	3Q 2020	4	4Q 2020	Total	2020
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims \$	727.60		\$ 742.42		\$ 757.54		\$ 772.98		\$ 751.59	
Paid/Allowed Ratio	88.11%		88.11	%	88.11%		88.11%		88.1%	
Paid Claims & Capitations \$	641.11		\$ 654.16	i	\$ 667.49		\$ 681.09		\$ 662.25	
Risk Adjustment Transfer (Paid Basis)	39.83		\$ 39.83		\$ 39.83		\$ 39.83		\$ 39.83	
Paid Claims & Capitations (Post-3Rs)	601.28	80.5%	\$ 614.33	80.7%	\$ 627.66	80.9%	\$ 641.26	81.1%	\$ 622.42	80.8%
Administrative Expense \$	51.27	6.9%	\$ 51.27	6.7%	\$ 51.27	6.6%	\$ 51.27	6.5%	\$ 51.27	6.7%
Broker Commissions & Fee \$	23.80	3.2%	\$ 23.80	3.1%	\$ 23.80	3.1%	\$ 23.80	3.0%	\$ 23.80	3.1%
Contribution to Reserve (Post-Tax)	25.39	3.4%	\$ 25.88	3.4%	\$ 26.38	3.4%	\$ 26.89	3.4%	\$ 26.18	3.4%
Investment Income Credit	(0.75)	-0.1%	\$ (0.76	0.1%	\$ (0.78)	-0.1%	\$ (0.79)	-0.1%	\$ (0.77)	-0.1%
Risk Charge \$; -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Non-ACA Taxes & Fees										
State Premium Tax	14.93	2.0%	\$ 15.22	2.0%	\$ 15.52	2.0%	\$ 15.82	2.0%	\$ 15.40	2.0%
State Assessment Fee \$	0.75	0.1%	\$ 0.76	0.1%	\$ 0.78	0.1%	\$ 0.79	0.1%	\$ 0.77	0.1%
Reinsurance Program Fee	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
State Income Tax	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax \$	4.48	0.6%	\$ 4.57	0.6%	\$ 4.65	0.6%	\$ 4.74	0.6%	\$ 4.62	0.6%
ACA Taxes & Fees										
Health Insurer Tax	17.57	2.4%	\$ 17.93	2.4%	\$ 18.25	2.4%	\$ 18.61	2.4%	\$ 18.12	2.4%
Risk Adjustment User Fee	0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%
Exchange Assessment Fee	7.47	1.0%	\$ 7.63	1.0%	\$ 7.76	1.0%	\$ 7.91	1.0%	\$ 7.70	1.0%
Federal Exchange User Fee \$	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
BlueRewards/Incentive Program \$	0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%
Total Revenue \$	746.71	100.0%	\$ 761.13		\$ 775.82	100.0%	\$ 790.82	100.0%	\$ 770.03	100.0%
Plan Level Admin Load Adjustment	1.2415		1.238	6	1.2357		1.2329			
Projected Member Months	82,972		36,954		33,297		99,681		252,904	
Average Members	6,914		3,080		2,775		8,307		21,075	
% Total 2020	32.8%		14.6	%	13.2%		39.4%		100.0%	

Exhibit 10B - Federal MLR

Total 2020 PMPM / % **Traditional MLR Development** Paid Claims & Capitations (Post-3Rs) \$ 622.42 Total Revenue \$ 770.03 Traditional MLR (i.e. DICR) 80.8% **Federal MLR Development Numerator Adjustments** BlueRewards/Incentive Program \$ 0.35 **Quality Improvement Expenses** \$ 3.55 Removal of non-care costs under MLR guidelines \$ (8.30)**Denominator Adjustments** Non-ACA Taxes & Fees \$ 20.79 ACA Taxes & Fees \$ 26.00 Federal MLR Numerator \$ 618.02 Federal MLR Denominator \$ 723.24 85.5% **Federal MLR Projected Member Months** 252,904

Exhibit 10B - Federal MLR (Combined SG & Individual)

	_	Total 2020 PMPM / %		
<u>Traditional MLR Development</u>				
Paid Claims & Capitations (Post-3Rs)	\$	584.14		
Total Revenue	\$	722.60		
Traditional MLR (i.e. DICR)		80.8%		
<u>Federal MLR Development</u>				
Numerator Adjustments				
BlueRewards/Incentive Program	\$	0.35		
Quality Improvement Expenses	\$	3.41		
temoval of non-care costs under MLR guidelines	\$	(6.95)		
Denominator Adjustments				
Non-ACA Taxes & Fees	\$	19.02		
ACA Taxes & Fees	\$	24.41		
Federal MLR Numerator	\$	580.94		
Federal MLR Denominator	\$	679.17		
Federal MLR		85.5%		
Projected Member Months		348,236		

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On	Regional Preferred (RPN)	\$675.84	0.8316	1.0000	0.9790	1.0002	1.2415	\$683.21
78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On	Regional Preferred (RPN)	\$675.84	0.8522	1.0000	0.9790	1.0002	1.2415	\$700.12
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7593	1.0000	0.9340	1.0002	1.2415	\$595.12
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7407	1.0000	0.9340	1.0002	1.2415	\$580.61
78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On	Regional Preferred (RPN)	\$675.84	0.9393	1.0000	1.0430	1.0002	1.2415	\$822.17
78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On	Regional Preferred (RPN)	\$675.84	0.8999	1.0000	1.0430	1.0002	1.2415	\$787.72
78079DC0220026	BluePreferred PPO Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7195	1.0000	0.9340	1.0002	1.2415	\$564.00
78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On	Regional Preferred (RPN)	\$675.84	0.8167	1.0000	0.9790	1.0002	1.2415	\$670.98
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On	Regional Preferred (RPN)	\$675.84	0.8046	1.0000	0.9790	1.0002	1.2415	\$661.08
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7052	1.0000	0.9340	1.0002	1.2415	\$552.72
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7604	1.0000	0.9340	1.0002	1.2415	\$595.99
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7081	1.0000	0.9340	1.0002	1.2415	\$555.02

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
78079DC0220020	BluePreferred PPO Gold 1000	0.8197
78079DC0220021	BluePreferred PPO Gold 500	0.8199
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.7176
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.7194
78079DC0220024	BluePreferred PPO Platinum 0	0.9198
78079DC0220025	BluePreferred PPO Platinum 500	0.9108
78079DC0220026	BluePreferred PPO Silver 1500	0.7190
78079DC0220031	BluePreferred PPO Gold 1500	0.8197
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.8127
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	0.7191
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.7198
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	0.7187

Exhibit 13 - Age Calibration

	Age Curve Calibration										
	Period	Cohort	Rating Factor*	Weight	Average Age**						
(1)	Rating Period	Existing	1.0771	90.2%							
		New	0.9787	7.8%							
		Transfer	0.9404	2.0%							
(2)	Rating Period	All	1.0667	100.0%	42.3						
(3)	Nearest Rounded	All	1.0530		42.0						
(4)	Calibration***	All	0.9871								

(3)/(2)

	Premium Rate Demonstration							
	HIOS Plan Name	BluePreferred PPO Gold 1000						
(5)	Plan Adjusted Index Rate	\$674.43						
(6)	Calibration	0.9871	(4)					
(7)	Calibrated Rate	\$665.75	(5)*(6)					
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259						
(9)	Age 40 Premium Rate	\$616.44	(7)*(8)					

^{*}Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

^{**}The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

^{***}Applied uniformly to all plans

Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	
_	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
	2.020
60	
61	2.181
62	2.181
63	2.181
64+	2.181

Exhibit 15 - Induced Utilization Factors

	Projected Membe	er	
CDH/Non-CDH	Months	Relative to HSA/HRA	Relative to Average*
HSA/HRA	34,622	1.0000	1.0000
Non-CDH	313,614	1.0000	1.0000
	348,236	1.0000	
	Projected Membe	er	
Metal Level	Months	Relative to Bronze	Relative to Average*
Catastrophic	0	1.0000	0.9069
Bronze	17,825	1.0000	0.9069
Silver	52,264	1.0300	0.9341
Gold	107,554	1.0800	0.9794
Platinum	170,593	1.1500	1.0429
Total	348,236	1.1027	

^{*}Factors are applied as plan level adjustments

Appendix - Experience Period to Rating Period Plan Mappings

		xp. Period			Current Period		Rating Period		
2017 Base HIOS Plan ID	2017 HIOS Plan Name	2018 Base HIOS Plan ID	2018 HIOS Plan Name	2019 Base HIOS Plan ID	2019 HIOS Plan Name	2020 Base HIOS Plan ID	2020 HIOS Plan Name		
8079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000		
8079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500		
8079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500		
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000		
78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0		
78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500		
78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1500		
78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220025	BluePreferred PPO Platinum 500		
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000		
78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220024	BluePreferred PPO Platinum 0		
78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220024	BluePreferred PPO Platinum 0		
78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500		
78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%		
8079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%		
8079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA		
						78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70		

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	-	-	n/a
Base Rate	Silver Members/Avg Renewal	2,332	2,244	17.8%
Base Rate	Gold Members/Avg Renewal	7,974	7,916	20.1%
Base Rate	Platinum Members/Avg Renewal	12,250	11,703	17.5%
Base Rate	All Members/Avg Renewal	22,556	21,863	18.5%
Base Rate	Minimum Renewal			14.6%
Base Rate	Maximum Renewal			32.7%

2019 HIOS Plan ID	2019 HIOS Plan Name	2019 Metal Level	2019 Marketplace Indicator	2020 HIOS Plan ID	2020 HIOS Plan Name	2020 Metal Level	2020 Marketplace Indicator	Current Month Member Count	Projected 2019 EOY Members	1Q2019 Base Rate	1Q2020 Base Rate	Annual Rate Change
78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	2,310.00	2,256	\$542.30	\$640.48	18.1%
78079DC0220021	BluePreferred PPO Gold 500	GOLD	Ön	78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	2,909.00	2,952	\$556.58	\$656.33	17.9%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	611.00	580	\$471.08	\$557.90	18.4%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	Ön	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	673.00	646	\$456.95	\$544.29	19.1%
78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	8,498.00	8,135	\$656.16	\$770.74	17.5%
78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	Ön	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	3,269.00	3,092	\$630.22	\$738.45	17.2%
78079DC0220026	BluePreferred PPO Silver 1000	SILVER	On	78079DC0220026	BluePreferred PPO Silver 1500	SILVER	On	416.00	416	\$461.24	\$528.72	14.6%
78079DC0220027	HealthyBlue PPO Gold 1500	GOLD	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	1,171.00	1,140	\$556.37	\$738.45	32.7%
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	166.00	152	\$467.74	\$544.29	16.4%
78079DC0220030	HealthyBlue PPO Platinum 500	PLATINUM	Ön	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	483.00	476	\$637.46	\$770.74	20.9%
78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	1,288.00	1,265	\$534.44	\$629.01	17.7%
78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	Ön	78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	296.00	303	\$522.60	\$619.73	18.6%
78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	SILVER	On	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	SILVER	On	98.00	100	\$435.73	\$518.15	18.9%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	368.00	350	\$471.57	\$558.71	18.5%

Appendix - Quarterly Rate Change Adjustment Factors

	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
Quarter	Market Adj.	Admin Load	Plan Adjusted Index
Quui tei	Index Rate	Factor	Rates
2Q20	2.0%	-0.2%	1.8%
3Q20	2.0%	-0.2%	1.8%
4Q20	2.0%	-0.2%	1.8%

The changes above are relative to the preceding quarter and no other changes factor into the 2Q, 3Q and 4Q rates.

Appendix - Maximum Rate Renewal

	2019	2020	% Change
Base Rate	\$556.37	\$738.45	32.7%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$363.87	\$536.85	47.5%

	HealthyBlue PPO	BluePreferred PPO	
Base Rate/Product(s)	Gold 1500	Platinum 500	
Age Change	20	21	
Geo Change*	N/A	N/A	
Tobacco Change**	N/A	N/A	

^{*}we did not geo rate

^{**}we did not tobacco rate

Appendix - Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows: CFBC-131927480

ON-Exchange

Product: BluePreferred

Network: Regional Preferred (RPN)

DC/CF/SHOP/GC (R. 1/19)

DC/CF/SHOP/PPO/EOC (R. 1/20)

DC/GHMSI/DOL APPEAL (R. 1/17)

DC/CF/SHOP/PPO/DOCS (R. 1/20)

DC/CF/BP PPO/1000 90-70 (1/20)

DC/CF/BP PPO BF HSA/SIL 1500 (1/20)

DC/CF/BP PPO CDH/2300 80-60 (1/20)

DC/CF/BP PPO CDH/SIL 1500 (1/20) DC/CF/BP PPO CDH/SIL 2000 (1/20)

DC/CF/BP PPO CDH/SIL 2000 70 (1/20)

DC/CF/BP PPO/GOLD 500 (1/20)

DC/CF/BP PPO/GOLD 1000 (1/20)

DC/CF/BP PPO/GOLD 1500 (1/20)

DC/CF/BP PPO/PLAT 0 (1/20)

DC/CF/BP PPO/PLAT 500 (1/20)

DC/CF/BP PPO/SIL 1500 (1/20)

DC/CF/SHOP/ELIG (R. 1/20)

DC/CF/FAM PLAN/FED (R. 1/20)

DC/CF/BLCRD (R. 6/18)

DC/CF/MEM/BLCRD (R. 6/18)

DC/CF/ANCILLARY AMEND (10/12)

DC/CF/SG/AUTH AMEND/PPO (1/20)

DC/CF/PT PROTECT (9/10)

DC/GHMSI-HEALTH GUARANTEE 6/18

DC/CF/SG/INCENT (R. 1/20)

DC/CF/PARTNER (R. 7/09)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Inpatient Hospital	\$4,127,745	\$0	Admits	245
201602	38,265	Inpatient Hospital	\$3,417,288	\$0	Admits	166
201603	38,703	Inpatient Hospital	\$4,841,680	\$0	Admits	213
201604	38,577	Inpatient Hospital	\$3,121,911	\$0	Admits	209
201605	38,594	Inpatient Hospital	\$3,404,926	\$0	Admits	220
201606	38,590	Inpatient Hospital	\$3,724,703	\$0	Admits	209
201607	38,433	Inpatient Hospital	\$3,712,606	\$0	Admits	212
201608	37,664	Inpatient Hospital	\$4,755,472	\$0	Admits	229
201609	37,088	Inpatient Hospital	\$4,189,536	\$0	Admits	240
201610	37,022	Inpatient Hospital	\$4,045,847	\$0	Admits	235
201611	36,181	Inpatient Hospital	\$3,452,924	\$0	Admits	219
201612	33,439	Inpatient Hospital	\$2,200,133	\$0	Admits	160
201701	34,634	Inpatient Hospital	\$5,559,295	\$0	Admits	184
201702	35,060	Inpatient Hospital	\$2,633,354	\$0	Admits	155
201703	35,518	Inpatient Hospital	\$3,626,691	\$0	Admits	188
201704	35,484	Inpatient Hospital	\$3,820,784	\$0	Admits	193
201705	35,621	Inpatient Hospital	\$3,080,398	\$0	Admits	182
201706	35,341	Inpatient Hospital	\$3,966,545	\$0	Admits	198
201707	35,409	Inpatient Hospital	\$2,730,444	\$0	Admits	176
201708	35,596	Inpatient Hospital	\$3,425,404	\$0	Admits	193
201709	35,575	Inpatient Hospital	\$3,038,097	\$0	Admits	223
201710	35,395	Inpatient Hospital	\$2,498,591	\$0	Admits	179
201711	35,242	Inpatient Hospital	\$3,003,601	\$0	Admits	237
201712	34,727	Inpatient Hospital	\$2,842,676	\$0	Admits	158
201801	34,450	Inpatient Hospital	\$3,917,134	\$0	Admits	223
201802	34,315	Inpatient Hospital	\$3,905,650	\$0	Admits	249
201803	34,168	Inpatient Hospital	\$3,760,983	\$0	Admits	242
201804	33,858	Inpatient Hospital	\$3,575,961	\$0	Admits	286
201805	33,816	Inpatient Hospital	\$2,997,459	\$0	Admits	329
201806	33,246	Inpatient Hospital	\$3,403,618	\$0	Admits	240
201807	32,849	Inpatient Hospital	\$3,494,788	\$0	Admits	299
201808	32,747	Inpatient Hospital	\$3,214,704	\$0	Admits	225
201809	32,524	Inpatient Hospital	\$2,795,780	\$0	Admits	263
201810	32,341	Inpatient Hospital	\$4,016,932	\$0	Admits	383
201811	31,817	Inpatient Hospital	\$3,339,762	\$0	Admits	299
201812	30,539	Inpatient Hospital	\$2,418,149	\$0	Admits	177
201901	31,131	Inpatient Hospital	\$2,999,030	\$0	Admits	207
201902	31,166	Inpatient Hospital	\$1,692,955	\$0	Admits	167

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Outpatient Hospital	\$4,496,040	\$0	Visits	3,113
201602	38,265	Outpatient Hospital	\$4,331,267	\$0	Visits	3,238
201603	38,703	Outpatient Hospital	\$4,810,896	\$0	Visits	3,334
201604	38,577	Outpatient Hospital	\$4,401,255	\$0	Visits	3,236
201605	38,594	Outpatient Hospital	\$4,249,581	\$0	Visits	3,251
201606	38,590	Outpatient Hospital	\$4,454,837	\$0	Visits	3,330
201607	38,433	Outpatient Hospital	\$3,960,707	\$0	Visits	3,087
201608	37,664	Outpatient Hospital	\$4,096,714	\$0	Visits	3,258
201609	37,088	Outpatient Hospital	\$4,008,749	\$0	Visits	3,135
201610	37,022	Outpatient Hospital	\$3,941,051	\$0	Visits	3,137
201611	36,181	Outpatient Hospital	\$4,459,207	\$0	Visits	3,098
201612	33,439	Outpatient Hospital	\$3,739,120	\$0	Visits	2,781
201701	34,634	Outpatient Hospital	\$4,057,349	\$0	Visits	2,895
201702	35,060	Outpatient Hospital	\$4,190,752	\$0	Visits	2,674
201703	35,518	Outpatient Hospital	\$4,524,402	\$0	Visits	2,947
201704	35,484	Outpatient Hospital	\$3,896,380	\$0	Visits	2,618
201705	35,621	Outpatient Hospital	\$4,116,207	\$0	Visits	2,796
201706	35,341	Outpatient Hospital	\$4,023,159	\$0	Visits	2,608
201707	35,409	Outpatient Hospital	\$3,619,244	\$0	Visits	2,406
201708	35,596	Outpatient Hospital	\$3,811,604	\$0	Visits	2,630
201709	35,575	Outpatient Hospital	\$3,392,730	\$0	Visits	2,498
201710	35,395	Outpatient Hospital	\$3,907,081	\$0	Visits	2,766
201711	35,242	Outpatient Hospital	\$3,873,352	\$0	Visits	2,623
201712	34,727	Outpatient Hospital	\$3,821,853	\$0	Visits	2,544
201801	34,450	Outpatient Hospital	\$4,145,249	\$0	Visits	2,766
201802	34,315	Outpatient Hospital	\$3,530,796	\$0	Visits	2,559
201803	34,168	Outpatient Hospital	\$4,432,796	\$0	Visits	2,833
201804	33,858	Outpatient Hospital	\$4,059,990	\$0	Visits	2,887
201805	33,816	Outpatient Hospital	\$4,279,555	\$0	Visits	3,018
201806	33,246	Outpatient Hospital	\$3,899,027	\$0	Visits	2,709
201807	32,849	Outpatient Hospital	\$3,768,547	\$0	Visits	2,627
201808	32,747	Outpatient Hospital	\$4,175,602	\$0	Visits	2,808
201809	32,524	Outpatient Hospital	\$3,884,221	\$0	Visits	2,561
201810	32,341	Outpatient Hospital	\$4,594,827	\$0	Visits	2,904
201811	31,817	Outpatient Hospital	\$4,376,472	\$0	Visits	2,763
201812	30,539	Outpatient Hospital	\$3,766,843	\$0	Visits	2,672
201901	31,131	Outpatient Hospital	\$5,102,979	\$0	Visits	3,363
201902	31,166	Outpatient Hospital	\$4,292,168	\$0	Visits	3,594

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Professional	\$6,361,447	\$0	Visits	33,584
201602	38,265	Professional	\$6,263,374	\$0	Visits	35,866
201603	38,703	Professional	\$6,758,237	\$0	Visits	39,276
201604	38,577	Professional	\$6,270,273	\$0	Visits	36,871
201605	38,594	Professional	\$6,512,000	\$0	Visits	37,220
201606	38,590	Professional	\$6,716,130	\$0	Visits	37,757
201607	38,433	Professional	\$5,841,690	\$0	Visits	33,628
201608	37,664	Professional	\$6,630,488	\$0	Visits	37,457
201609	37,088	Professional	\$6,356,858	\$0	Visits	36,008
201610	37,022	Professional	\$6,344,014	\$0	Visits	37,081
201611	36,181	Professional	\$6,082,871	\$0	Visits	35,201
201612	33,439	Professional	\$5,170,920	\$0	Visits	30,263
201701	34,634	Professional	\$6,282,912	\$0	Visits	34,080
201702	35,060	Professional	\$5,890,052	\$0	Visits	32,495
201703	35,518	Professional	\$6,375,824	\$0	Visits	36,568
201704	35,484	Professional	\$5,911,904	\$0	Visits	32,506
201705	35,621	Professional	\$6,307,231	\$0	Visits	36,120
201706	35,341	Professional	\$6,248,359	\$0	Visits	34,718
201707	35,409	Professional	\$5,620,862	\$0	Visits	31,554
201708	35,596	Professional	\$6,514,631	\$0	Visits	35,766
201709	35,575	Professional	\$5,853,789	\$0	Visits	33,408
201710	35,395	Professional	\$6,160,207	\$0	Visits	36,864
201711	35,242	Professional	\$6,150,975	\$0	Visits	35,104
201712	34,727	Professional	\$5,550,245	\$0	Visits	31,969
201801	34,450	Professional	\$7,262,253	\$0	Visits	37,013
201802	34,315	Professional	\$5,974,340	\$0	Visits	32,931
201803	34,168	Professional	\$6,427,030	\$0	Visits	34,562
201804	33,858	Professional	\$6,317,220	\$0	Visits	33,944
201805	33,816	Professional	\$6,459,284	\$0	Visits	35,450
201806	33,246	Professional	\$5,924,674	\$0	Visits	32,633
201807	32,849	Professional	\$5,758,870	\$0	Visits	31,667
201808	32,747	Professional	\$6,105,128	\$0	Visits	34,038
201809	32,524	Professional	\$5,556,646	\$0	Visits	31,707
201810	32,341	Professional	\$7,001,787	\$0	Visits	40,270
201811	31,817	Professional	\$5,980,789	\$0	Visits	34,411
201812	30,539	Professional	\$5,253,159	\$0	Visits	30,488
201901	31,131	Professional	\$7,191,889	\$0	Visits	40,982
201902	31,166	Professional	\$8,796,467	\$0	Visits	54,695

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Other Medical	\$1,054,241	\$0	Services	4,714
201602	38,265	Other Medical	\$1,137,985	\$0	Services	4,888
201603	38,703	Other Medical	\$1,290,472	\$0	Services	5,543
201604	38,577	Other Medical	\$1,092,431	\$0	Services	5,225
201605	38,594	Other Medical	\$1,257,315	\$0	Services	5,420
201606	38,590	Other Medical	\$1,532,198	\$0	Services	5,635
201607	38,433	Other Medical	\$1,205,923	\$0	Services	4,851
201608	37,664	Other Medical	\$1,383,881	\$0	Services	6,057
201609	37,088	Other Medical	\$1,216,169	\$0	Services	4,588
201610	37,022	Other Medical	\$1,055,667	\$0	Services	4,729
201611	36,181	Other Medical	\$1,248,924	\$0	Services	4,575
201612	33,439	Other Medical	\$1,280,818	\$0	Services	4,265
201701	34,634	Other Medical	\$1,130,211	\$0	Services	4,368
201702	35,060	Other Medical	\$993,630	\$0	Services	4,275
201703	35,518	Other Medical	\$990,037	\$0	Services	4,656
201704	35,484	Other Medical	\$969,583	\$0	Services	4,195
201705	35,621	Other Medical	\$1,150,882	\$0	Services	4,453
201706	35,341	Other Medical	\$1,040,706	\$0	Services	4,638
201707	35,409	Other Medical	\$1,052,573	\$0	Services	4,047
201708	35,596	Other Medical	\$1,108,749	\$0	Services	5,038
201709	35,575	Other Medical	\$896,704	\$0	Services	4,130
201710	35,395	Other Medical	\$1,109,492	\$0	Services	4,425
201711	35,242	Other Medical	\$1,173,715	\$0	Services	4,268
201712	34,727	Other Medical	\$1,116,738	\$0	Services	4,451
201801	34,450	Other Medical	\$1,200,430	\$0	Services	5,008
201802	34,315	Other Medical	\$1,065,688	\$0	Services	4,485
201803	34,168	Other Medical	\$1,268,262	\$0	Services	4,796
201804	33,858	Other Medical	\$1,423,775	\$0	Services	4,569
201805	33,816	Other Medical	\$1,487,415	\$0	Services	4,541
201806	33,246	Other Medical	\$1,215,345	\$0	Services	4,455
201807	32,849	Other Medical	\$1,337,617	\$0	Services	4,679
201808	32,747	Other Medical	\$1,357,603	\$0	Services	4,989
201809	32,524	Other Medical	\$1,348,440	\$0	Services	4,141
201810	32,341	Other Medical	\$1,270,027	\$0	Services	4,595
201811	31,817	Other Medical	\$1,316,678	\$0	Services	4,265
201812	30,539	Other Medical	\$959,859	\$0	Services	3,946
201901	31,131	Other Medical	\$1,132,306	\$0	Services	4,851
201902	31,166	Other Medical	\$1,482,880	\$0	Services	6,188

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Prescription Drug	\$4,649,261	\$690,399	Scripts	29,223
201602	38,265	Prescription Drug	\$5,016,477	\$693,409	Scripts	30,874
201603	38,703	Prescription Drug	\$5,818,341	\$698,107	Scripts	33,709
201604	38,577	Prescription Drug	\$5,531,525	\$718,089	Scripts	31,487
201605	38,594	Prescription Drug	\$5,508,276	\$718,470	Scripts	32,149
201606	38,590	Prescription Drug	\$6,129,693	\$718,485	Scripts	31,697
201607	38,433	Prescription Drug	\$5,907,597	\$749,972	Scripts	30,176
201608	37,664	Prescription Drug	\$6,087,857	\$734,809	Scripts	31,609
201609	37,088	Prescription Drug	\$5,244,426	\$724,506	Scripts	29,768
201610	37,022	Prescription Drug	\$5,659,659	\$674,586	Scripts	30,018
201611	36,181	Prescription Drug	\$5,283,439	\$655,166	Scripts	30,101
201612	33,439	Prescription Drug	\$5,400,705	\$611,538	Scripts	29,430
201701	34,634	Prescription Drug	\$5,371,178	\$701,226	Scripts	29,438
201702	35,060	Prescription Drug	\$5,309,336	\$710,546	Scripts	27,622
201703	35,518	Prescription Drug	\$6,012,900	\$719,893	Scripts	30,935
201704	35,484	Prescription Drug	\$5,446,277	\$820,510	Scripts	28,544
201705	35,621	Prescription Drug	\$6,420,769	\$823,327	Scripts	30,919
201706	35,341	Prescription Drug	\$5,987,107	\$819,105	Scripts	29,399
201707	35,409	Prescription Drug	\$5,666,465	\$805,808	Scripts	28,583
201708	35,596	Prescription Drug	\$6,648,886	\$809,751	Scripts	30,004
201709	35,575	Prescription Drug	\$5,831,784	\$809,199	Scripts	28,261
201710	35,395	Prescription Drug	\$6,184,202	\$788,438	Scripts	30,314
201711	35,242	Prescription Drug	\$5,932,303	\$783,775	Scripts	29,707
201712	34,727	Prescription Drug	\$5,865,938	\$773,343	Scripts	30,272
201801	34,450	Prescription Drug	\$6,042,499	\$790,249	Scripts	30,380
201802	34,315	Prescription Drug	\$5,529,807	\$786,044	Scripts	26,674
201803	34,168	Prescription Drug	\$6,060,368	\$782,434	Scripts	28,682
201804	33,858	Prescription Drug	\$6,102,508	\$816,433	Scripts	27,735
201805	33,816	Prescription Drug	\$6,332,155	\$816,263	Scripts	29,371
201806	33,246	Prescription Drug	\$5,948,600	\$802,829	Scripts	26,878
201807	32,849	Prescription Drug	\$5,988,397	\$773,496	Scripts	26,565
201808	32,747	Prescription Drug	\$6,286,527	\$771,235	Scripts	27,241
201809	32,524	Prescription Drug	\$5,567,124	\$766,494	Scripts	24,809
201810	32,341	Prescription Drug	\$6,690,711	\$739,875	Scripts	28,347
201811	31,817	Prescription Drug	\$5,915,216	\$728,098	Scripts	26,420
201812	30,539	Prescription Drug	\$5,789,188	\$699,449	Scripts	25,424
201901	31,131	Prescription Drug	\$5,911,954		Scripts	26,736
201902	31,166	Prescription Drug	\$5,495,593		Scripts	24,562

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Capitations	\$43,916	\$0	Benefit Period	37,936
201602	38,265	Capitations	\$45,051	\$0	Benefit Period	38,265
201603	38,703	Capitations	\$46,272	\$0	Benefit Period	38,703
201604	38,577	Capitations	\$46,139	\$0	Benefit Period	38,577
201605	38,594	Capitations	\$46,300	\$0	Benefit Period	38,594
201606	38,590	Capitations	\$46,377	\$0	Benefit Period	38,590
201607	38,433	Capitations	\$46,278	\$0	Benefit Period	38,433
201608	37,664	Capitations	\$45,684	\$0	Benefit Period	37,664
201609	37,088	Capitations	\$45,317	\$0	Benefit Period	37,088
201610	37,022	Capitations	\$45,380	\$0	Benefit Period	37,022
201611	36,181	Capitations	\$44,549	\$0	Benefit Period	36,181
201612	33,439	Capitations	\$41,799	\$0	Benefit Period	33,439
201701	34,634	Capitations	\$43,370	\$0	Benefit Period	34,634
201702	35,060	Capitations	\$44,804	\$0	Benefit Period	35,060
201703	35,518	Capitations	\$46,237	\$0	Benefit Period	35,518
201704	35,484	Capitations	\$46,080	\$0	Benefit Period	35,484
201705	35,621	Capitations	\$46,147	\$0	Benefit Period	35,621
201706	35,341	Capitations	\$45,868	\$0	Benefit Period	35,341
201707	35,409	Capitations	\$45,851	\$0	Benefit Period	35,409
201708	35,596	Capitations	\$45,956	\$0	Benefit Period	35,596
201709	35,575	Capitations	\$45,955	\$0	Benefit Period	35,575
201710	35,395	Capitations	\$45,636	\$0	Benefit Period	35,395
201711	35,242	Capitations	\$45,299	\$0	Benefit Period	35,242
201712	34,727	Capitations	\$44,580	\$0	Benefit Period	34,727
201801	34,450	Capitations	\$37,340	\$0	Benefit Period	34,450
201802	34,315	Capitations	\$37,280	\$0	Benefit Period	34,315
201803	34,168	Capitations	\$37,247	\$0	Benefit Period	34,168
201804	33,858	Capitations	\$36,849	\$0	Benefit Period	33,858
201805	33,816	Capitations	\$36,429	\$0	Benefit Period	33,816
201806	33,246	Capitations	\$35,980	\$0	Benefit Period	33,246
201807	32,849	Capitations	\$35,624	\$0	Benefit Period	32,849
201808	32,747	Capitations	\$35,423	\$0	Benefit Period	32,747
201809	32,524	Capitations	\$35,102	\$0	Benefit Period	32,524
201810	32,341	Capitations	\$34,807	\$0	Benefit Period	32,341
201811	31,817	Capitations	\$34,240	\$0	Benefit Period	31,817
201812	30,539	Capitations	\$33,263	\$0	Benefit Period	30,539
201901	31,131	Capitations	\$40,271	\$0	Benefit Period	31,131
201902	31,166	Capitations	\$40,098	\$0	Benefit Period	31,166

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201601	37,936	22,355	\$20,732,649	\$690,399	\$20,042,250	\$16,728,055	\$19,448,623	86.0%
201602	38,265	22,688	\$20,211,442	\$693,409	\$19,518,033	\$16,668,336	\$19,693,775	84.6%
201603	38,703	23,059	\$23,565,899	\$698,107	\$22,867,792	\$20,040,406	\$19,812,738	101.1%
201604	38,577	23,008	\$20,463,534	\$718,089	\$19,745,445	\$17,198,678	\$19,815,763	86.8%
201605	38,594	23,046	\$20,978,398	\$718,470	\$20,259,927	\$17,846,952	\$19,755,680	90.3%
201606	38,590	23,045	\$22,603,939	\$718,485	\$21,885,454	\$19,510,240	\$19,841,586	98.3%
201607	38,433	22,956	\$20,674,800	\$749,972	\$19,924,827	\$17,812,077	\$19,708,089	90.4%
201608	37,664	22,606	\$23,000,097	\$734,809	\$22,265,288	\$20,088,543	\$19,289,455	104.1%
201609	37,088	22,256	\$21,061,055	\$724,506	\$20,336,549	\$18,248,928	\$19,027,046	95.9%
201610	37,022	22,245	\$21,091,618	\$674,586	\$20,417,033	\$18,427,936	\$18,944,496	97.3%
201611	36,181	21,750	\$20,571,915	\$655,166	\$19,916,748	\$17,977,544	\$18,622,472	96.5%
201612	33,439	20,363	\$17,833,495	\$611,538	\$17,221,957	\$15,219,439	\$17,528,299	86.8%
201701	34,634	21,490	\$22,444,315	\$701,226	\$21,743,088	\$18,710,262	\$17,762,165	105.3%
201702	35,060	21,882	\$19,061,928	\$710,546	\$18,351,382	\$15,918,664	\$17,915,231	88.9%
201703	35,518	22,301	\$21,576,091	\$719,893	\$20,856,197	\$18,244,058	\$18,081,461	100.9%
201704	35,484	22,245	\$20,091,008	\$820,510	\$19,270,498	\$17,029,999	\$18,194,385	93.6%
201705	35,621	22,351	\$21,121,634	\$823,327	\$20,298,306	\$17,977,154	\$18,064,635	99.5%
201706	35,341	22,149	\$21,311,745	\$819,105	\$20,492,640	\$18,228,171	\$17,988,169	101.3%
201707	35,409	22,091	\$18,735,440	\$805,808	\$17,929,632	\$15,811,319	\$17,988,136	87.9%
201708	35,596	22,151	\$21,555,231	\$809,751	\$20,745,479	\$18,551,198	\$18,117,121	102.4%
201709	35,575	22,178	\$19,059,059	\$809,199	\$18,249,859	\$16,202,134	\$18,145,275	89.3%
201710	35,395	22,069	\$19,905,209	\$788,438	\$19,116,771	\$16,947,172	\$17,989,450	94.2%
201711	35,242	21,906	\$20,179,245	\$783,775	\$19,395,469	\$17,279,474	\$17,951,225	96.3%
201712	34,727	21,591	\$19,242,030	\$773,343	\$18,468,687	\$16,314,244	\$17,783,963	91.7%
201801	34,450	21,572	\$22,604,906	\$790,249	\$21,814,657	\$18,598,592	\$18,734,165	99.3%
201802	34,315	21,464	\$20,043,561	\$786,044	\$19,257,517	\$16,780,560	\$18,618,596	90.1%
201803	34,168	21,364	\$21,986,688	\$782,434	\$21,204,254	\$18,678,420	\$18,629,851	100.3%
201804	33,858	21,190	\$21,516,304	\$816,433	\$20,699,871	\$18,297,982	\$18,648,531	98.1%
201805	33,816	21,060	\$21,592,297	\$816,263	\$20,776,034	\$18,382,077	\$18,593,910	98.9%
201806	33,246	20,721	\$20,427,243	\$802,829	\$19,624,414	\$17,509,772	\$18,550,209	94.4%
201807	32,849	20,479	\$20,383,843	\$773,496	\$19,610,347	\$17,636,854	\$18,302,388	96.4%
201808	32,747	20,324	\$21,174,989	\$771,235	\$20,403,753	\$18,366,182	\$18,332,555	100.2%
201809	32,524	20,092	\$19,187,313	\$766,494	\$18,420,819	\$16,543,855	\$18,476,110	89.5%
201810	32,341	20,014	\$23,609,091	\$739,875	\$22,869,217	\$20,690,002	\$18,316,593	113.0%
201811	31,817	19,703	\$20,963,157	\$728,098	\$20,235,059	\$18,344,918	\$18,223,069	100.7%
201812	30,539	18,966	\$18,220,461	\$699,449	\$17,521,012	\$15,673,798	\$18,273,317	85.8%
201901	31,131	19,606	\$22,378,428		\$22,378,428	\$19,305,493	\$18,948,090	101.9%
201902	31,166	19,608	\$21,800,160		\$21,800,160	\$18,629,346	\$18,848,930	98.8%

CareFirst BlueCross BlueShield Part III Actuarial Memorandum

4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

4.2 General Information Section

Company Identifying Information:

- Company Legal Name: Group Hospitalization and Medical Services, Inc. (GHMSI) NAIC # 53007
- State: District of ColumbiaHIOS Issuer ID: 78079
- Market: Small Groups (On Exchange)
- Effective Date: 1/1/20 and quarterly incremental "trend" increases effective 4/1/20, 7/1/20 and 10/1/20.
- Company Filing Number: 2344
- SERFF Filing Number: CFAP-131941267

Company Contact Information:

- Primary Contact Name: Mr. Dwayne Lucado, FSA, MAAA
- Primary Contact Telephone Number: 410-998-7519
- Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com

4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 21.6% on average for 1Q20. The range is 17.7% to 36.3%. The estimated average base rate changes for 2Q20, 3Q20, and 4Q20 are 20.8%, 20.4% and 19.7%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 12,574.

Reason for Rate Change(s):

The main drivers supporting the rate change are the deterioration in the base period experience of the combined pool, the re-introduction of the Health Insurer Fee in 2020, and the increase in contribution to reserve. But the main impact is due to this filing containing combined risk adjustment, with the State average factors being the same for both Individual and Small Group.

4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/18 through 12/31/18, as required.

Paid Through Date: 2/28/19 Current Date: 2/28/19

Premiums (prior to MLR rebates) in Experience Period: \$221,699,296

Experience Period Member Months: 396,670

Current Date Members: 31,164

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

Processed through issuer's claim system: \$242,436,955

• Processed outside issuer's claim system: \$0

• IBNR: \$2,919,239

Incurred Claims

Processed through issuer's claim system: \$215,503.011

• Processed outside issuer's claim system: \$0

• IBNR: \$2,593,187

Method used for determining Allowed Claims

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

Support for IBNR estimates

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

4.4.2 Benefit Categories

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

4.4.3 Projection Factors

4.4.3.1 Trend Factors

Trend Factors (Cost/Utilization):

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 8.4%, which is less than a point increase compared to the 7.5% trend assumed in our prior filing. Current observed medical trends as of 201812 are 10.5%, up from -1.1% in 201712. The current observed drug trends are 9.2% as of 201812, down from 13.5% in 201712.

We note that the current drug observed trend as of 201812 is artificially depressed due to a structural formulary change effective 201801. The adjusted observed drug trend as of 201812 is 12.0%. The adjusted aggregate medical and drug trend is 10.9%.

When normalized for induced demand, network, and demographics, the composite 10.9% observed trend decreases to 10.3%.

In addition, we sought industry data to help inform our trend assumption. The table below was developed from two different industry surveys from national consultants. The medical and drug trends reported were blended using our base period experience to estimate composite trends.

			,				
	2019 OW Carrier Trend Report			2019 Aon			
Percentile	HMO	PPO	CDH	HMO	PPO	CDH	Average
75th	8.2%	9.5%	9.9%	8.8%	9.2%	9.2%	9.1%
50th	7.5%	8.0%	8.3%	8.1%	7.6%	7.9%	7.9%
25th	5.3%	6.7%	6.7%	6.5%	6.1%	6.1%	6.2%

Based on this information we believe that our assumed 8.4% composite trend is well within the reasonable range of trend assumptions.

4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment:

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2020 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2019) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2020) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2018 to 2020 is expected to be 0.6%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

Demographic Shift:

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

Plan Design Changes:

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the

federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

Other Adjustments:

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

4.4.3.3 Manual Rate Adjustments

Not applicable, as experience was determined to be fully credible. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filing we are using a projection period ending with 3/31/2021 for our first quarter 2020 Index Rate Projection since business may be sold with this rate through 3/31/2020 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

4.4.3.4 Credibility of Experience

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

4.4.3.5 Establishing the Index Rate

The experience period index rate for this filing is \$610.55 and the projection period index rate is \$719.31. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

4.4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate for the Small Group market is \$696.14 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

Reinsurance

There are no reinsurance recoveries applicable to this market.

Risk Adjustment Payment/Charge:

The Experience Period Risk Adjustment transfers in the URRT are based on the most recent Wakely results.

Our projected 2020 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. The risk adjustment in this version of the filing is calculated on a "Combined" basis. We combined the Statewide elements, including members, Premium (PMPM), PLRS, ARF, GCF, IDF and AV. The PMPM and factors are weighted by members. Prior to this combination, the Small Group market had an expected increase in the Statewide PMPM of 17.1% (\$495.22/\$422.87) between 2020 and 2018. On a combined basis, the Statewide PMPM is expected to increase 16.1%, when compared to the Small Group market (\$490.96/\$422.87). The 2020 Statewide PLRS increases on a combined basis, from 1.156 (Statewide Small Group) to 1.176 (Statewide Combined). The PLRS for GHMSI Small Group remains the same at 1.309, and when compared to the combined statewide PLRS of 1.176 the segment is 11% sicker than the State (it was 13% sicker under separate risk

adjustment). The lower Statewide PMPM and higher statewide PLRS causes GHMSI Small Group to receive 47% less in risk adjustment dollars. The resultant estimate of combined risk adjustment is that the GHMSI receivable transfer PMPM for the Small Group market will decrease from \$36.59 in 2018 to \$21.30 in 2020, vs. \$39.83 (non-combined). \$21.30/\$39.83 = -47%. Based on the resulting change in combined risk adjustment and its effect on the rates we have made no adjustments to other assumptions in the filing.

Exchange User Fees:

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

4.4.4 Plan Adjusted Index Rate

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- Actuarial value and cost-sharing design of the plan: The actuarial value for each plan was
 determined using our own internal model and estimates the ratio of paid to allowed dollars given
 that plan's benefit design and the assumed allowed amount consistent with the projection period
 index rate. The URRT instructions state that this adjustment may "...take into account the benefit
 differences and utilization differences due to differences in cost-sharing." As a result, our plan
 adjusted index rates also include adjustments to account for the impact the metal level has on
 utilization.
- **Provider network**: All plans offered use the PPO network.
- **Benefits in addition to EHBs**: There is an adjustment to account for abortion coverage (which are offered in addition to EHBs).
- Administrative costs: See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
 - 1. Administrative Expense (G&A)
 - 2. Broker Commissions & Fees
 - 3. Federal Income Tax (FIT)
 - 4. Contribution to Reserve (Post-Tax)
 - 5. State Premium Tax
 - 6. Health Insurer Fee (HIF)
 - 7. Risk Adjustment User Fee
 - 8. Exchange Assessment Fee

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

4.4.5 Calibration

Age Curve Calibration

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found on Exhibit 13.

Geographic Factor Calibration

We have elected not to rate for geographic region.

Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

4.4.6 Consumer Adjusted Premium Rate Development

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

4.5 Projected Loss Ratio

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 85.7% for the Small Group market and 85.2% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

4.6 Plan Product Information

4.6.1 AV Metal Values

The majority of our 2020 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. The results were blended assuming 81% of the designated services are rendered in higher cost-share setting and the remaining 19% at the lower, consistent with experience from our small group and individual markets. Plans without these features used the AV calculator without modification

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing.

4.6.2 Membership Projections

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/28/19 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Small Group plans. Therefore, because of Individual being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

4.6.3 Plan Type

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

4.7 Miscellaneous Instructions

4.7.1 Effective Rate Review Information (Optional)

We have no additional exhibits.

4.7.2 Reliance

We do not have any reliance to state.

4.7.3 Actuarial Certification

Included in the Memorandum.

Group Hospitalization & Medical Services Inc. d.b.a. CareFirst BlueCross BlueShield (NAIC # 53007)

Rate Filing # 2344

D.C. Small Group Products

Rate Filing Effective 1/1/2020

Actuarial Memorandum

Group Hospitalization & Medical Services Inc.

(NAIC # 53007)

H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA) D.C. Small Group Products Rate Filing Effective 1/1/2020 Actuarial Certification

- I, Dwayne Lucado, am a(n) Sr. Actuary with CareFirst GHMSI doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.
- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality

Benefit Plans

- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and
- vii. ASOP No. 41, Actuarial Communications
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

- 1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1) and 147.102).
 - b. Developed in compliance with the applicable Actuarial Standards of Practice.
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - d. Neither excessive nor deficient.
- 2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
- 3. Consistent with 45 CFR § 156.135, the 2020 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado Date: 2019.05.24 11:17:11 -04'00'

Dwayne Lucado, FSA, MAAA Sr. Actuary CareFirst BlueCross BlueShield Mail Drop-Point 01-720 10455 Mill Run Circle Owings Mills, MD 21117

Exhibit 1 - Market Adjusted Index Rate Summary

		2020	Exhibit
(1)	Base Period Total Allowed	\$ 611.18	2
(2)	Base Period Non-EHB PMPM	\$ 0.63	2
(3)	Experience Period Index Rate	\$ 610.55	
(4)	Change in Morbidity	1.0063	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	1.0104	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9900	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	0.9962	7
(11)	Annualized Trend	8.4%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1750	
(14)	Projection Period Index Rate	\$ 719.31	
(15)	Risk Adjustment Program	0.9678	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 696.14	
	Without Risk Adjustment	\$ 719.31	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

Exhibit 2 - Base Period Experience

Service Category	I	ncurred Allowed	Allo	owed PMPM	Utilization Description	Utilization per 1,000	Average ost/Service
Inpatient Hospital	\$	40,840,921	\$	102.96	Admits	97.23	\$ 12,707.31
Outpatient Hospital	\$	48,913,925	\$	123.31	Visits	1,001.55	\$ 1,477.45
Professional	\$	74,021,182	\$	186.61	Visits	12,376.47	\$ 180.93
Other Medical	\$	15,251,140	\$	38.45	Services	1,647.78	\$ 280.00
Capitation	\$	429,583	\$	1.08	Benefit Period	1,000	\$ 13.00
Prescription Drug	\$	62,980,204	\$	158.77	Prescriptions	9,938.52	\$ 191.71
Total (EHB & Non-EHB)	\$	242,436,955	\$	611.18			
EHB Allowed	\$	242,188,128	\$	610.55			
Non-EHB Allowed	\$	248,827	\$	0.63			
Incurred Net	\$	215,503,011	\$	543.28			
Net/Allowed		88.89%					
Experience Period Member Months		396,670					
Experience Period Revenue	\$	221,699,296					

Exhibit 3 - Non-EHB Adjustment

		2020 (On-Exchange	2020 O	2020 Off-Exchange		
(1)	Blended Index Rate	\$	736.53	\$	736.53		
(2)	Non-EHB PMPM	\$	0.13	\$	0.13		
(3)	Total	\$	736.66	\$	736.66		
(4)	Plan Level Adjustment		1.000		1.000	(3)/(1)	

Base Year

Metal Level	Member Months	2018 Normalized Allowed PMPM			
Catastrophic		\$			
Bronze	22,490	\$	199.24		
Silver	64,807	\$	255.43		
Gold	126,784	\$	342.59		
Platinum	182,536	\$	375.60		
Subtotal	396 617	4	335 42		

Current Year YTD

Existing									
Metal Level	Member Months	2018 Normalized Allowed PMPM		Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM				
Catastrophic	-	\$		1.000	\$				
Bronze	2,889	\$	184.99	1.000	\$	184.99			
Silver	8,023	\$	265.56	1.000	\$	265.56			
Gold	17,203	\$	342.74	1.000	\$	342.74			
Platinum	24,727	\$	378.71	1.000	\$	378.71			
Subtotal	52,842	\$	339.23	1.000	\$	339.23			

	New									
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allow PMPM		Morbidity Adjustment	N	19 Adjusted ormalized wed PMPM				
Catastrophic		\$		1.000	\$					
Bronze	351	\$	184.99	1.000	\$	184.99				
Silver	1,105	\$	265.56	1.000	\$	265.56				
Gold	2,823	\$	342.74	1.000	\$	342.74				
Platinum	3,467	\$	378.71	1.000	\$	378.71				
Subtotal	7,746	\$	340.68	1.000	\$	340.68				

Transfer									
Metal Level	Member Months		18 Normalized lowed PMPM	Morbidity Adjustment	No	9 Adjusted rmalized ved PMPM			
Catastrophic		\$	-	1.000	\$	-			
Bronze	122	\$	98.60	1.000	\$	98.60			
Silver	351	\$	212.42	1.000	\$	212.42			
Gold	653	\$	242.98	1.000	\$	242.98			
Platinum	629	\$	341.05	1.000	\$	341.05			
Subtotal	1,755	\$	261.98	1.000	\$	261.98			

	Total									
Metal Level	Member Months		018 Normalized Allowed PMPM	Morbidity Adjustment	N	19 Adjusted ormalized owed PMPM				
Catastrophic	-	\$	-	-	\$					
Bronze	3,362	\$	181.85	1.000	\$	181.85				
Silver	9,479	\$	263.60	1.000	\$	263.60				
Gold	20,679	\$	339.59	1.000	\$	339.59				
Platinum	28,823	\$	377.89	1.000	\$	377.89				
Subtotal	62,343	\$	337.24	1.000	\$	337.24				

Remainder of Current Year

Existing							
Metal Level	Member Months	2019 Adjusted Normalized Allower PMPM					
Catastrophic		\$	-				
Bronze	12,539	\$	184.99				
Silver	38,182	\$	265.56				
Gold	83,242	\$	342.74				
Platinum	124,113	\$	378.71				
Subtotal	258,076	\$	340.96				

	New								
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM							
Catastrophic		\$	-						
Bronze	2,504	\$	184.99						
Silver	5,822	\$	265.56						
Gold	15,748	\$	342.74						
Platinum	13,352	\$	378.71						
Subtotal	37,426	\$	333.01						

	Transfer								
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM							
Catastrophic		\$	-						
Bronze	590	\$	98.60						
Silver	1,612	\$	212.42						
Gold	3,120	\$	242.98						
Platinum	2,762	\$	341.05						
Subtotal	8,084	\$	259.85						

	Total		
Metal Level	Member Months	Normal	Adjusted lized Allowed PMPM
Catastrophic		\$	
Bronze	15,633	\$	181.7
Silver	45,616	\$	263.69
Gold	102,110	\$	339.69
Platinum	140,227	\$	377.97
Subtotal	303,586	\$	337.82

Total Current Year

Total	Member Months		019 Adjusted nalized Allowed PMPM
Catastrophic		\$	-
Bronze	18,995	\$	181.75
Silver	55,095	\$	263.67
Gold	122,789	\$	339.68
Platinum	169,050	\$	377.96
Subtotal	365 929	4	337 72

Rating Year

	Existing								
Metal Level	Member Months		Normalized wed PMPM	Morbidity Adjustment	No	0 Adjusted ormalized wed PMPN			
Catastrophic	-	\$	-	1.000	\$	-			
Bronze	15,063	\$	181.75	1.000	\$	181.75			
Silver	46,036	\$	263.67	1.000	\$	263.67			
Gold	95,947	\$	339.68	1.000	\$	339.68			
Platinum	157,108	\$	377.96	1.000	\$	377.96			
Subtotal	314,154	\$	340.11	1.000	\$	340.11			

New								
Metal Level	letal Level Member Months		xisting Cohort Adjusted Normalized Ilowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPN			
Catastrophic	-	\$	-	1.000	\$	-		
Bronze	2,450	\$	181.75	1.000	\$	181.75		
Silver	5,363	\$	263.67	1.000	\$	263.67		
Gold	9,051	\$	339.68	1.000	\$	339.68		
Platinum	10,210	\$	377.96	1.000	\$	377.96		
Subtotal	27,074	\$	324.77	1.000	\$	324.77		

Transfer									
Metal Level	Member Months	2019 Normalized Allowed PMPM		Morbidity Adjustment	No	0 Adjusted rmalized wed PMPM			
Catastrophic		\$	-	1.000	\$				
Bronze	312	\$	98.60	1.000	\$	98.60			
Silver	1,272	\$	212.42	1.000	\$	212.42			
Gold	2,556	\$	242.98	1.000	\$	242.98			
Platinum	2,868	\$	341.05	1.000	\$	341.05			
Subtotal	7,008	\$	271.14	1.000	\$	271.14			

	Total								
Metal Level	vel Member Months		Normalized owed PMPM	Morbidity Adjustment	No	0 Adjusted rmalized wed PMPN			
Catastrophic	-	\$	-	-	\$	-			
Bronze	17,825	\$	180.29	1.000	\$	180.29			
Silver	52,671	\$	262.43	1.000	\$	262.43			
Gold	107,554	\$	337.38	1.000	\$	337.38			
Platinum	170,186	\$	377.33	1.000	\$	377.33			
Subtotal	348,236	\$	337.53	1.000	\$	337.53			

Year	Adjusted alized PMPM	Year over Year Change
2018	\$ 335.42	n/a
2019	\$ 337.72	0.7%
2020	\$ 337.53	-0.1%

Morbidity Adjustment Change	0.6%
Morhidity Adjustment Factor	1 0062

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2018 (2) Projected 2020	84.13% 85.77%	1.1089 1.1204	
(3) Adjustment*		1.0104	(2)/(1)

^{*}Applied to all service categories except capitations

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.7147	100.0%	34.9
(2)	Rating Period	Existing	1.7185	90.2%	
		New	1.5115	7.8%	
		Transfer	1.4755	2.0%	
(3)	Rating Period	All	1.6975	100.0%	34.6
(4)	Demographic Adjustment***	All	0.9900		

(3)/(1)

^{*}Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

^{**}Average ages are member weighted

^{***}Applied to all service categories except capitations

Exhibit 7 - Factors for Additional "Other" Adjustments

	Capitation adjustment		
(1)	EP Capitation PMPM	\$ 0.55	
(2)	Projected Capitations PMPM	\$ 0.75	
(3)	Adjustment to Capitation Category	1.3459	(2)/(1)
	Drug Rebates adjustment		
(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$ 182.15	
(5)	Experience Pharmacy Rebates PMPM	\$ 23.38	
(6)	Projected Pharmacy Rebates PMPM	\$ 22.89	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$ 158.77	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$ 159.26	
(9)	Adjustment to Drug Category	1.0031	(8)/(7)
	Formulary Adjustments		
(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$ 182.15	
(11)	Ingredient cost Adjustment Factor	0.9840	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$ 179.24	(10)*(11)
(13)	Projection Period Pharmacy Rebates PMPM	\$ 22.89	
(14)	Adjustment to Drug Category	0.9817 [(1	12) - (13)]/[(10) - (13)]

	PMPM	Adjustment	
Inpatient Hospital	\$ 120.88	1.0000	
Outpatient Hospital	\$ 143.39	1.0000	
Professional	\$ 219.50	1.0000	
Other Medical	\$ 44.38	1.0000	
Capitation	\$ 0.55	1.3459	(3)
Prescription Drug	\$ 193.37	0.9847	(9)*(14)
Total	\$ 722.07	0.9962	

PMPM weights are set equal projected PMPM without "other" adj.

Exhibit 8 - Annual Trend Assumptions

	20:	18 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
	A	402.06	4.5.00/	4 0000	4 0000	4 0000
Inpatient Hospital	\$	102.96	16.8%	1.0800	1.0000	1.0800
Outpatient Hospital	\$	123.31	20.2%	1.0750	1.0000	1.0750
Professional	\$	186.61	30.5%	1.0600	1.0200	1.0812
Other Medical	\$	38.45	6.3%	1.0200	1.0500	1.0710
Capitation	\$	1.08	0.2%	1.0000	1.0000	1.0000
Prescription Drug	\$	158.77	26.0%	1.0000	1.1000	1.1000
Total	\$	611.18	100.0%			1.0838
Proposed Trend						1.0840

Exhibit 9 - Risk Adjustment

2018

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	РМРМ
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	35,807	12.2%	1.0861	1.1011	-\$610,357	-\$17.05
Gold	100,207	34.1%	1.3343	1.0426	\$3,280,915	\$32.74
Platinum	157,507	53.7%	1.5613	1.0620	\$8,068,916	\$51.23
Total	293,521	100.0%	1.4258	1.0601	\$10,739,474	\$36.59

Statewi				

Ctatav	hiv	DMDM	2010

Small Group	1,122,143	1.2892	1.0469	\$ 414.41

2020

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	26,502	10.5%	0.9704	1.1316	-\$1,343,830	-\$50.71
Gold	79,934	31.6%	1.2047	1.0448	\$1,409,349	\$17.63
Platinum	146,468	57.9%	1.4273	1.0744	\$5,322,159	\$36.34
Total	252,904	100.0%	1.3091	1.0710	\$5,387,678	\$21.30

Statewide 2020

Statewide PMPM 2020

Small Group	1,127,169	1.1760	1.0532	\$ 490.96

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate (Avg. 1Q-4Q)	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$736.53	\$23.90	\$ 0.18	0.9678

^{*}Adjustment Factor = (\$736.53 - \$23.9+ \$0.18) / \$736.53

Exhibit 10A - Desired Incurred Claims Ratio

		1	Q 2020	2	2Q 2020	3	3Q 2020	4	IQ 2020	Total	2020
	ı	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims		\$727.60		\$742.42		\$757.54		\$772.98		\$ 751.59	
Paid/Allowed Ratio		88.11%		88.11%		88.11%		88.11%		88.1%	
Paid Claims & Capitations	\$	641.11		\$ 654.16		\$ 667.49		\$ 681.09		\$ 662.25	
Risk Adjustment Transfer (Paid Basis)	\$	21.30		\$ 21.30		\$ 21.30		\$ 21.30		\$ 21.30	
Paid Claims & Capitations (Post-3Rs)	\$	619.80	80.8%	\$ 632.86	81.0%	\$ 646.19	81.2%	\$ 659.79	81.3%	\$ 640.94	81.1%
Administrative Expense	\$	51.27	6.7%	\$ 51.27	6.6%	\$ 51.27	6.4%	\$ 51.27	6.3%	\$ 51.27	6.5%
Broker Commissions & Fee	\$	23.80	3.1%	\$ 23.80	3.0%	\$ 23.80	3.0%	\$ 23.80	2.9%	\$ 23.80	3.0%
Contribution to Reserve (Post-Tax)	\$	26.08	3.4%	\$ 26.57	3.4%	\$ 27.07	3.4%	\$ 27.58	3.4%	\$ 26.88	3.4%
Investment Income Credit	\$	(0.77)	-0.1%	\$ (0.78)	-0.1%	\$ (0.80)	-0.1%	\$ (0.81)	-0.1%	\$ (0.79)	-0.1%
Risk Charge	\$	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Non-ACA Taxes & Fees											
State Premium Tax	\$	15.34	2.0%	\$ 15.63	2.0%	\$ 15.93	2.0%	\$ 16.23	2.0%	\$ 15.81	2.0%
State Assessment Fee	\$	0.77	0.1%	\$ 0.78	0.1%	\$ 0.80	0.1%	\$ 0.81	0.1%	\$ 0.79	0.1%
Reinsurance Program Fee	\$	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
State Income Tax	\$	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$	4.60	0.6%	\$ 4.69	0.6%	\$ 4.78	0.6%	\$ 4.87	0.6%	\$ 4.74	0.6%
ACA Taxes & Fees											
Health Insurer Tax	•	18.05	2.4%	\$ 18.39	2.4%	\$	2.4%	\$ 19.09	2.4%	\$ 18.60	2.4%
Risk Adjustment User Fee	\$	0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%
Exchange Assessment Fee		7.67	1.0%	\$ 7.82	1.0%	\$ 7.96	1.0%	\$ 8.11	1.0%	\$ 7.90	1.0%
Federal Exchange User Fee	\$	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
BlueRewards/Incentive Program	\$	0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%
Total Revenue	\$		100.0%	\$ 781.55	100.0%	\$ 796.25	100.0%	\$ 811.26	100.0%	\$ 790.47	100.0%
Plan Level Admin Load Adjustment		1.2374		1.2346		1.2319		1.2292			
Projected Member Months		82,972		36,954		33,297		99,681		252,904	
Average Members		6,914		3,080		2,775		8,307		21,075	
% Total 2020		32.8%		14.6%		13.2%		39.4%		100.0%	

Exhibit 10B - Federal MLR

Total 2020 PMPM / % **Traditional MLR Development** Paid Claims & Capitations (Post-3Rs) \$ 640.94 Total Revenue \$ 790.47 Traditional MLR (i.e. DICR) 81.1% **Federal MLR Development Numerator Adjustments** BlueRewards/Incentive Program \$ 0.35 **Quality Improvement Expenses** \$ 3.55 Removal of non-care costs under MLR guidelines \$ (8.30)**Denominator Adjustments** Non-ACA Taxes & Fees \$ 21.34 ACA Taxes & Fees \$ 26.68 Federal MLR Numerator \$ 636.54 Federal MLR Denominator \$ 742.44 85.7% **Federal MLR Projected Member Months** 252,904

Exhibit 10B - Federal MLR (Combined SG & Individual)

Total 2020 PMPM / %

348,236

Traditional MLR Development

Paid Claims & Capitations (Post-3Rs)	\$ 570.05
Total Revenue	\$ 707.72
Traditional MLR (i.e. DICR)	80.5%
Federal MLR Development	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 3.41
temoval of non-care costs under MLR guidelines	\$ (6.95)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 18.71
ACA Taxes & Fees	\$ 23.91
Federal MLR Numerator	\$ 566.86
Federal MLR Denominator	\$ 665.11
Federal MLR	85.2%

Projected Member Months

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On	Regional Preferred (RPN)	\$696.14	0.8316	1.0000	0.9790	1.0002	1.2374	\$701.39
78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On	Regional Preferred (RPN)	\$696.14	0.8522	1.0000	0.9790	1.0002	1.2374	\$718.75
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7593	1.0000	0.9340	1.0002	1.2374	\$610.96
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7407	1.0000	0.9340	1.0002	1.2374	\$596.05
78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On	Regional Preferred (RPN)	\$696.14	0.9393	1.0000	1.0430	1.0002	1.2374	\$844.04
78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On	Regional Preferred (RPN)	\$696.14	0.8999	1.0000	1.0430	1.0002	1.2374	\$808.68
78079DC0220026	BluePreferred PPO Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7195	1.0000	0.9340	1.0002	1.2374	\$579.00
78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On	Regional Preferred (RPN)	\$696.14	0.8167	1.0000	0.9790	1.0002	1.2374	\$688.83
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On	Regional Preferred (RPN)	\$696.14	0.8046	1.0000	0.9790	1.0002	1.2374	\$678.67
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7052	1.0000	0.9340	1.0002	1.2374	\$567.43
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7604	1.0000	0.9340	1.0002	1.2374	\$611.85
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7081	1.0000	0.9340	1.0002	1.2374	\$569.78

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
78079DC0220020	BluePreferred PPO Gold 1000	0.8197
78079DC0220021	BluePreferred PPO Gold 500	0.8199
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.7176
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.7194
78079DC0220024	BluePreferred PPO Platinum 0	0.9198
78079DC0220025	BluePreferred PPO Platinum 500	0.9108
78079DC0220026	BluePreferred PPO Silver 1500	0.7190
78079DC0220031	BluePreferred PPO Gold 1500	0.8197
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.8127
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	0.7191
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.7198
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	0.7187

Exhibit 13 - Age Calibration

	Age Curve Calibration									
	Period Cohort Rating Factor* Weight Average Age**									
(1)	Rating Period	Existing	1.0771	90.2%						
		New	0.9787	7.8%						
		Transfer	0.9404	2.0%						
(2)	Rating Period	All	1.0667	100.0%	42.3					
(3)	Nearest Rounded	All	1.0530		42.0					
(4)	Calibration***	All	0.9871							

(3)/(2)

	Premium Rate Demonstration							
	HIOS Plan Name	BluePreferred PPO Gold 1000						
(5)	Plan Adjusted Index Rate	\$692.37						
(6)	Calibration	0.9871	(4)					
(7)	Calibrated Rate	\$683.46	(5)*(6)					
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259						
(9)	Age 40 Premium Rate	\$632.84	(7)*(8)					

^{*}Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

^{**}The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

^{***}Applied uniformly to all plans

Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	
_	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
	2.020
60	
61	2.181
62	2.181
63	2.181
64+	2.181

Exhibit 15 - Induced Utilization Factors

	Projected Membe	r	
CDH/Non-CDH	Months	Relative to HSA/HRA	Relative to Average*
HSA/HRA	34,622	1.0000	1.0000
Non-CDH	313,614	1.0000	1.0000
	348,236	1.000	
	Projected Membe	r	
Metal Level	Months	Relative to Bronze	Relative to Average*
Catastrophic	0	1.0000	0.9069
Bronze	17,825	1.0000	0.9069
Silver	52,264	1.0300	0.9341
Gold	107,554	1.0800	0.9794
Platinum	170,593	1.1500	1.0429
Total	348,236	1.1027	

^{*}Factors are applied as plan level adjustments

Appendix - Experience Period to Rating Period Plan Mappings

		xp. Period			Current Period		Rating Period
2017 Base HIOS Plan ID	2017 HIOS Plan Name	2018 Base HIOS Plan ID	2018 HIOS Plan Name	2019 Base HIOS Plan ID	2019 HIOS Plan Name	2020 Base HIOS Plan ID	2020 HIOS Plan Name
8079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000
8079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500
8079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1500
78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%
8079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%
8079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA
						78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	-	-	n/a
Base Rate	Silver Members/Avg Renewal	2,332	2,244	20.9%
Base Rate	Gold Members/Avg Renewal	7,974	7,916	23.3%
Base Rate	Platinum Members/Avg Renewal	12,250	11,703	20.7%
Base Rate	All Members/Avg Renewal	22,556	21,863	21.6%
Base Rate	Minimum Renewal			17.7%
Base Rate	Maximum Renewal			36.3%

2019 HIOS Plan ID	2019 HIOS Plan Name	2019 Metal Level	2019 Marketplace Indicator	2020 HIOS Plan ID	2020 HIOS Plan Name	2020 Metal Level	2020 Marketplace Indicator	Current Month Member Count	Projected 2019 EOY Members	1Q2019 Base Rate	1Q2020 Base Rate	Annual Rate Change
78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	2,909.00	2,952	\$556.58	\$673.79	21.1%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	611.00	580	\$471.08	\$572.74	21.6%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	673.00	646	\$456.95	\$558.77	22.3%
78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	8,498.00	8,135	\$656.16	\$791.25	20.6%
78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	3,269.00	3,092	\$630.22	\$758.10	20.3%
78079DC0220026	BluePreferred PPO Silver 1000	SILVER	On	78079DC0220026	BluePreferred PPO Silver 1500	SILVER	On	416.00	416	\$461.24	\$542.79	17.7%
78079DC0220027	HealthyBlue PPO Gold 1500	GOLD	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	1,171.00	1,140	\$556.37	\$758.10	36.3%
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	166.00	152	\$467.74	\$558.77	19.5%
78079DC0220030	HealthyBlue PPO Platinum 500	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	483.00	476	\$637.46	\$791.25	24.1%
78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	1,288.00	1,265	\$534.44	\$645.75	20.8%
78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	296.00	303	\$522.60	\$636.22	21.7%
78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	SILVER	On	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	SILVER	On	98.00	100	\$435.73	\$531.94	22.1%
790700000330034	Disable of second DDO Ciliage 1500 Disable of USA	CHALD	0	70070000330034	Diverged area at DDO Citizen 1500 Diverged UCA	CILVED	0	369.00	350	C471 F7	CE73.50	21.69/

Appendix - Quarterly Rate Change Adjustment Factors

	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1		
Quarter	Market Adj.	Admin Load	Plan Adjusted Index		
Quui tei	Index Rate	Factor	Rates		
2Q20	2.0%	-0.2%	1.8%		
3Q20	2.0%	-0.2%	1.8%		
4Q20	2.0%	-0.2%	1.8%		

The changes above are relative to the preceding quarter and no other changes factor into the 2Q, 3Q and 4Q rates.

Appendix - Maximum Rate Renewal

	2019	2020	% Change
Base Rate	\$556.37	\$758.10	36.3%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$363.87	\$551.14	51.5%

	HealthyBlue PPO	BluePreferred PPO
Base Rate/Product(s)	Gold 1500	Platinum 500
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

^{*}we did not geo rate

^{**}we did not tobacco rate

Appendix - Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows: CFBC-131927480 $\,$

ON-Exchange

Product: BluePreferred

Network: Regional Preferred (RPN)

DC/CF/SHOP/GC (R. 1/19)

DC/CF/SHOP/PPO/EOC (R. 1/20)

DC/GHMSI/DOL APPEAL (R. 1/17)

DC/CF/SHOP/PPO/DOCS (R. 1/20)

DC/CF/BP PPO/1000 90-70 (1/20)

DC/CF/BP PPO BF HSA/SIL 1500 (1/20)

DC/CF/BP PPO CDH/2300 80-60 (1/20)

DC/CF/BP PPO CDH/SIL 1500 (1/20)

DC/CF/BP PPO CDH/SIL 2000 (1/20)

DC/CF/BP PPO CDH/SIL 2000 70 (1/20)

DC/CF/BP PPO/GOLD 500 (1/20)

DC/CF/BP PPO/GOLD 1000 (1/20)

DC/CF/BP PPO/GOLD 1500 (1/20)

DC/CF/BP PPO/PLAT 0 (1/20)

DC/CF/BP PPO/PLAT 500 (1/20)

DC/CF/BP PPO/SIL 1500 (1/20)

DC/CF/SHOP/ELIG (R. 1/20)

DC/CF/FAM PLAN/FED (R. 1/20)

DC/CF/BLCRD (R. 6/18)

DC/CF/MEM/BLCRD (R. 6/18)

DC/CF/ANCILLARY AMEND (10/12)

DC/CF/SG/AUTH AMEND/PPO (1/20)

DC/CF/PT PROTECT (9/10)

DC/GHMSI-HEALTH GUARANTEE 6/18

DC/CF/SG/INCENT (R. 1/20)

DC/CF/PARTNER (R. 7/09)

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Inpatient Hospital	\$4,127,745	\$0	Admits	245
201602	38,265	Inpatient Hospital	\$3,417,288	\$0	Admits	166
201603	38,703	Inpatient Hospital	\$4,841,680	\$0	Admits	213
201604	38,577	Inpatient Hospital	\$3,121,911	\$0	Admits	209
201605	38,594	Inpatient Hospital	\$3,404,926	\$0	Admits	220
201606	38,590	Inpatient Hospital	\$3,724,703	\$0	Admits	209
201607	38,433	Inpatient Hospital	\$3,712,606	\$0	Admits	212
201608	37,664	Inpatient Hospital	\$4,755,472	\$0	Admits	229
201609	37,088	Inpatient Hospital	\$4,189,536	\$0	Admits	240
201610	37,022	Inpatient Hospital	\$4,045,847	\$0	Admits	235
201611	36,181	Inpatient Hospital	\$3,452,924	\$0	Admits	219
201612	33,439	Inpatient Hospital	\$2,200,133	\$0	Admits	160
201701	34,634	Inpatient Hospital	\$5,559,295	\$0	Admits	184
201702	35,060	Inpatient Hospital	\$2,633,354	\$0	Admits	155
201703	35,518	Inpatient Hospital	\$3,626,691	\$0	Admits	188
201704	35,484	Inpatient Hospital	\$3,820,784	\$0	Admits	193
201705	35,621	Inpatient Hospital	\$3,080,398	\$0	Admits	182
201706	35,341	Inpatient Hospital	\$3,966,545	\$0	Admits	198
201707	35,409	Inpatient Hospital	\$2,730,444	\$0	Admits	176
201708	35,596	Inpatient Hospital	\$3,425,404	\$0	Admits	193
201709	35,575	Inpatient Hospital	\$3,038,097	\$0	Admits	223
201710	35,395	Inpatient Hospital	\$2,498,591	\$0	Admits	179
201711	35,242	Inpatient Hospital	\$3,003,601	\$0	Admits	237
201712	34,727	Inpatient Hospital	\$2,842,676	\$0	Admits	158
201801	34,450	Inpatient Hospital	\$3,917,134	\$0	Admits	223
201802	34,315	Inpatient Hospital	\$3,905,650	\$0	Admits	249
201803	34,168	Inpatient Hospital	\$3,760,983	\$0	Admits	242
201804	33,858	Inpatient Hospital	\$3,575,961	\$0	Admits	286
201805	33,816	Inpatient Hospital	\$2,997,459	\$0	Admits	329
201806	33,246	Inpatient Hospital	\$3,403,618	\$0	Admits	240
201807	32,849	Inpatient Hospital	\$3,494,788	\$0	Admits	299
201808	32,747	Inpatient Hospital	\$3,214,704	\$0	Admits	225
201809	32,524	Inpatient Hospital	\$2,795,780	\$0	Admits	263
201810	32,341	Inpatient Hospital	\$4,016,932	\$0	Admits	383
201811	31,817	Inpatient Hospital	\$3,339,762	\$0	Admits	299
201812	30,539	Inpatient Hospital	\$2,418,149	\$0	Admits	177
201901	31,131	Inpatient Hospital	\$2,999,030	\$0	Admits	207
201902	31,166	Inpatient Hospital	\$1,692,955	\$0	Admits	167

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Outpatient Hospital	\$4,496,040	\$0	Visits	3,113
201602	38,265	Outpatient Hospital	\$4,331,267	\$0	Visits	3,238
201603	38,703	Outpatient Hospital	\$4,810,896	\$0	Visits	3,334
201604	38,577	Outpatient Hospital	\$4,401,255	\$0	Visits	3,236
201605	38,594	Outpatient Hospital	\$4,249,581	\$0	Visits	3,251
201606	38,590	Outpatient Hospital	\$4,454,837	\$0	Visits	3,330
201607	38,433	Outpatient Hospital	\$3,960,707	\$0	Visits	3,087
201608	37,664	Outpatient Hospital	\$4,096,714	\$0	Visits	3,258
201609	37,088	Outpatient Hospital	\$4,008,749	\$0	Visits	3,135
201610	37,022	Outpatient Hospital	\$3,941,051	\$0	Visits	3,137
201611	36,181	Outpatient Hospital	\$4,459,207	\$0	Visits	3,098
201612	33,439	Outpatient Hospital	\$3,739,120	\$0	Visits	2,781
201701	34,634	Outpatient Hospital	\$4,057,349	\$0	Visits	2,895
201702	35,060	Outpatient Hospital	\$4,190,752	\$0	Visits	2,674
201703	35,518	Outpatient Hospital	\$4,524,402	\$0	Visits	2,947
201704	35,484	Outpatient Hospital	\$3,896,380	\$0	Visits	2,618
201705	35,621	Outpatient Hospital	\$4,116,207	\$0	Visits	2,796
201706	35,341	Outpatient Hospital	\$4,023,159	\$0	Visits	2,608
201707	35,409	Outpatient Hospital	\$3,619,244	\$0	Visits	2,406
201708	35,596	Outpatient Hospital	\$3,811,604	\$0	Visits	2,630
201709	35,575	Outpatient Hospital	\$3,392,730	\$0	Visits	2,498
201710	35,395	Outpatient Hospital	\$3,907,081	\$0	Visits	2,766
201711	35,242	Outpatient Hospital	\$3,873,352	\$0	Visits	2,623
201712	34,727	Outpatient Hospital	\$3,821,853	\$0	Visits	2,544
201801	34,450	Outpatient Hospital	\$4,145,249	\$0	Visits	2,766
201802	34,315	Outpatient Hospital	\$3,530,796	\$0	Visits	2,559
201803	34,168	Outpatient Hospital	\$4,432,796	\$0	Visits	2,833
201804	33,858	Outpatient Hospital	\$4,059,990	\$0	Visits	2,887
201805	33,816	Outpatient Hospital	\$4,279,555	\$0	Visits	3,018
201806	33,246	Outpatient Hospital	\$3,899,027	\$0	Visits	2,709
201807	32,849	Outpatient Hospital	\$3,768,547	\$0	Visits	2,627
201808	32,747	Outpatient Hospital	\$4,175,602	\$0	Visits	2,808
201809	32,524	Outpatient Hospital	\$3,884,221	\$0	Visits	2,561
201810	32,341	Outpatient Hospital	\$4,594,827	\$0	Visits	2,904
201811	31,817	Outpatient Hospital	\$4,376,472	\$0	Visits	2,763
201812	30,539	Outpatient Hospital	\$3,766,843	\$0	Visits	2,672
201901	31,131	Outpatient Hospital	\$5,102,979	\$0	Visits	3,363
201902	31,166	Outpatient Hospital	\$4,292,168	\$0	Visits	3,594

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Professional	\$6,361,447	\$0	Visits	33,584
201602	38,265	Professional	\$6,263,374	\$0	Visits	35,866
201603	38,703	Professional	\$6,758,237	\$0	Visits	39,276
201604	38,577	Professional	\$6,270,273	\$0	Visits	36,871
201605	38,594	Professional	\$6,512,000	\$0	Visits	37,220
201606	38,590	Professional	\$6,716,130	\$0	Visits	37,757
201607	38,433	Professional	\$5,841,690	\$0	Visits	33,628
201608	37,664	Professional	\$6,630,488	\$0	Visits	37,457
201609	37,088	Professional	\$6,356,858	\$0	Visits	36,008
201610	37,022	Professional	\$6,344,014	\$0	Visits	37,081
201611	36,181	Professional	\$6,082,871	\$0	Visits	35,201
201612	33,439	Professional	\$5,170,920	\$0	Visits	30,263
201701	34,634	Professional	\$6,282,912	\$0	Visits	34,080
201702	35,060	Professional	\$5,890,052	\$0	Visits	32,495
201703	35,518	Professional	\$6,375,824	\$0	Visits	36,568
201704	35,484	Professional	\$5,911,904	\$0	Visits	32,506
201705	35,621	Professional	\$6,307,231	\$0	Visits	36,120
201706	35,341	Professional	\$6,248,359	\$0	Visits	34,718
201707	35,409	Professional	\$5,620,862	\$0	Visits	31,554
201708	35,596	Professional	\$6,514,631	\$0	Visits	35,766
201709	35,575	Professional	\$5,853,789	\$0	Visits	33,408
201710	35,395	Professional	\$6,160,207	\$0	Visits	36,864
201711	35,242	Professional	\$6,150,975	\$0	Visits	35,104
201712	34,727	Professional	\$5,550,245	\$0	Visits	31,969
201801	34,450	Professional	\$7,262,253	\$0	Visits	37,013
201802	34,315	Professional	\$5,974,340	\$0	Visits	32,931
201803	34,168	Professional	\$6,427,030	\$0	Visits	34,562
201804	33,858	Professional	\$6,317,220	\$0	Visits	33,944
201805	33,816	Professional	\$6,459,284	\$0	Visits	35,450
201806	33,246	Professional	\$5,924,674	\$0	Visits	32,633
201807	32,849	Professional	\$5,758,870	\$0	Visits	31,667
201808	32,747	Professional	\$6,105,128	\$0	Visits	34,038
201809	32,524	Professional	\$5,556,646	\$0	Visits	31,707
201810	32,341	Professional	\$7,001,787	\$0	Visits	40,270
201811	31,817	Professional	\$5,980,789	\$0	Visits	34,411
201812	30,539	Professional	\$5,253,159	\$0	Visits	30,488
201901	31,131	Professional	\$7,191,889	\$0	Visits	40,982
201902	31,166	Professional	\$8,796,467	\$0	Visits	54,695

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Other Medical	\$1,054,241	\$0	Services	4,714
201602	38,265	Other Medical	\$1,137,985	\$0	Services	4,888
201603	38,703	Other Medical	\$1,290,472	\$0	Services	5,543
201604	38,577	Other Medical	\$1,092,431	\$0	Services	5,225
201605	38,594	Other Medical	\$1,257,315	\$0	Services	5,420
201606	38,590	Other Medical	\$1,532,198	\$0	Services	5,635
201607	38,433	Other Medical	\$1,205,923	\$0	Services	4,851
201608	37,664	Other Medical	\$1,383,881	\$0	Services	6,057
201609	37,088	Other Medical	\$1,216,169	\$0	Services	4,588
201610	37,022	Other Medical	\$1,055,667	\$0	Services	4,729
201611	36,181	Other Medical	\$1,248,924	\$0	Services	4,575
201612	33,439	Other Medical	\$1,280,818	\$0	Services	4,265
201701	34,634	Other Medical	\$1,130,211	\$0	Services	4,368
201702	35,060	Other Medical	\$993,630	\$0	Services	4,275
201703	35,518	Other Medical	\$990,037	\$0	Services	4,656
201704	35,484	Other Medical	\$969,583	\$0	Services	4,195
201705	35,621	Other Medical	\$1,150,882	\$0	Services	4,453
201706	35,341	Other Medical	\$1,040,706	\$0	Services	4,638
201707	35,409	Other Medical	\$1,052,573	\$0	Services	4,047
201708	35,596	Other Medical	\$1,108,749	\$0	Services	5,038
201709	35,575	Other Medical	\$896,704	\$0	Services	4,130
201710	35,395	Other Medical	\$1,109,492	\$0	Services	4,425
201711	35,242	Other Medical	\$1,173,715	\$0	Services	4,268
201712	34,727	Other Medical	\$1,116,738	\$0	Services	4,451
201801	34,450	Other Medical	\$1,200,430	\$0	Services	5,008
201802	34,315	Other Medical	\$1,065,688	\$0	Services	4,485
201803	34,168	Other Medical	\$1,268,262	\$0	Services	4,796
201804	33,858	Other Medical	\$1,423,775	\$0	Services	4,569
201805	33,816	Other Medical	\$1,487,415	\$0	Services	4,541
201806	33,246	Other Medical	\$1,215,345	\$0	Services	4,455
201807	32,849	Other Medical	\$1,337,617	\$0	Services	4,679
201808	32,747	Other Medical	\$1,357,603	\$0	Services	4,989
201809	32,524	Other Medical	\$1,348,440	\$0	Services	4,141
201810	32,341	Other Medical	\$1,270,027	\$0	Services	4,595
201811	31,817	Other Medical	\$1,316,678	\$0	Services	4,265
201812	30,539	Other Medical	\$959,859	\$0	Services	3,946
201901	31,131	Other Medical	\$1,132,306	\$0	Services	4,851
201902	31,166	Other Medical	\$1,482,880	\$0	Services	6,188

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Prescription Drug	\$4,649,261	\$690,399	Scripts	29,223
201602	38,265	Prescription Drug	\$5,016,477	\$693,409	Scripts	30,874
201603	38,703	Prescription Drug	\$5,818,341	\$698,107	Scripts	33,709
201604	38,577	Prescription Drug	\$5,531,525	\$718,089	Scripts	31,487
201605	38,594	Prescription Drug	\$5,508,276	\$718,470	Scripts	32,149
201606	38,590	Prescription Drug	\$6,129,693	\$718,485	Scripts	31,697
201607	38,433	Prescription Drug	\$5,907,597	\$749,972	Scripts	30,176
201608	37,664	Prescription Drug	\$6,087,857	\$734,809	Scripts	31,609
201609	37,088	Prescription Drug	\$5,244,426	\$724,506	Scripts	29,768
201610	37,022	Prescription Drug	\$5,659,659	\$674,586	Scripts	30,018
201611	36,181	Prescription Drug	\$5,283,439	\$655,166	Scripts	30,101
201612	33,439	Prescription Drug	\$5,400,705	\$611,538	Scripts	29,430
201701	34,634	Prescription Drug	\$5,371,178	\$701,226	Scripts	29,438
201702	35,060	Prescription Drug	\$5,309,336	\$710,546	Scripts	27,622
201703	35,518	Prescription Drug	\$6,012,900	\$719,893	Scripts	30,935
201704	35,484	Prescription Drug	\$5,446,277	\$820,510	Scripts	28,544
201705	35,621	Prescription Drug	\$6,420,769	\$823,327	Scripts	30,919
201706	35,341	Prescription Drug	\$5,987,107	\$819,105	Scripts	29,399
201707	35,409	Prescription Drug	\$5,666,465	\$805,808	Scripts	28,583
201708	35,596	Prescription Drug	\$6,648,886	\$809,751	Scripts	30,004
201709	35,575	Prescription Drug	\$5,831,784	\$809,199	Scripts	28,261
201710	35,395	Prescription Drug	\$6,184,202	\$788,438	Scripts	30,314
201711	35,242	Prescription Drug	\$5,932,303	\$783,775	Scripts	29,707
201712	34,727	Prescription Drug	\$5,865,938	\$773,343	Scripts	30,272
201801	34,450	Prescription Drug	\$6,042,499	\$790,249	Scripts	30,380
201802	34,315	Prescription Drug	\$5,529,807	\$786,044	Scripts	26,674
201803	34,168	Prescription Drug	\$6,060,368	\$782,434	Scripts	28,682
201804	33,858	Prescription Drug	\$6,102,508	\$816,433	Scripts	27,735
201805	33,816	Prescription Drug	\$6,332,155	\$816,263	Scripts	29,371
201806	33,246	Prescription Drug	\$5,948,600	\$802,829	Scripts	26,878
201807	32,849	Prescription Drug	\$5,988,397	\$773,496	Scripts	26,565
201808	32,747	Prescription Drug	\$6,286,527	\$771,235	Scripts	27,241
201809	32,524	Prescription Drug	\$5,567,124	\$766,494	Scripts	24,809
201810	32,341	Prescription Drug	\$6,690,711	\$739,875	Scripts	28,347
201811	31,817	Prescription Drug	\$5,915,216	\$728,098	Scripts	26,420
201812	30,539	Prescription Drug	\$5,789,188	\$699,449	Scripts	25,424
201901	31,131	Prescription Drug	\$5,911,954		Scripts	26,736
201902	31,166	Prescription Drug	\$5,495,593		Scripts	24,562

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Capitations	\$43,916	\$0	Benefit Period	37,936
201602	38,265	Capitations	\$45,051	\$0	Benefit Period	38,265
201603	38,703	Capitations	\$46,272	\$0	Benefit Period	38,703
201604	38,577	Capitations	\$46,139	\$0	Benefit Period	38,577
201605	38,594	Capitations	\$46,300	\$0	Benefit Period	38,594
201606	38,590	Capitations	\$46,377	\$0	Benefit Period	38,590
201607	38,433	Capitations	\$46,278	\$0	Benefit Period	38,433
201608	37,664	Capitations	\$45,684	\$0	Benefit Period	37,664
201609	37,088	Capitations	\$45,317	\$0	Benefit Period	37,088
201610	37,022	Capitations	\$45,380	\$0	Benefit Period	37,022
201611	36,181	Capitations	\$44,549	\$0	Benefit Period	36,181
201612	33,439	Capitations	\$41,799	\$0	Benefit Period	33,439
201701	34,634	Capitations	\$43,370	\$0	Benefit Period	34,634
201702	35,060	Capitations	\$44,804	\$0	Benefit Period	35,060
201703	35,518	Capitations	\$46,237	\$0	Benefit Period	35,518
201704	35,484	Capitations	\$46,080	\$0	Benefit Period	35,484
201705	35,621	Capitations	\$46,147	\$0	Benefit Period	35,621
201706	35,341	Capitations	\$45,868	\$0	Benefit Period	35,341
201707	35,409	Capitations	\$45,851	\$0	Benefit Period	35,409
201708	35,596	Capitations	\$45,956	\$0	Benefit Period	35,596
201709	35,575	Capitations	\$45,955	\$0	Benefit Period	35,575
201710	35,395	Capitations	\$45,636	\$0	Benefit Period	35,395
201711	35,242	Capitations	\$45,299	\$0	Benefit Period	35,242
201712	34,727	Capitations	\$44,580	\$0	Benefit Period	34,727
201801	34,450	Capitations	\$37,340	\$0	Benefit Period	34,450
201802	34,315	Capitations	\$37,280	\$0	Benefit Period	34,315
201803	34,168	Capitations	\$37,247	\$0	Benefit Period	34,168
201804	33,858	Capitations	\$36,849	\$0	Benefit Period	33,858
201805	33,816	Capitations	\$36,429	\$0	Benefit Period	33,816
201806	33,246	Capitations	\$35,980	\$0	Benefit Period	33,246
201807	32,849	Capitations	\$35,624	\$0	Benefit Period	32,849
201808	32,747	Capitations	\$35,423	\$0	Benefit Period	32,747
201809	32,524	Capitations	\$35,102	\$0	Benefit Period	32,524
201810	32,341	Capitations	\$34,807	\$0	Benefit Period	32,341
201811	31,817	Capitations	\$34,240	\$0	Benefit Period	31,817
201812	30,539	Capitations	\$33,263	\$0	Benefit Period	30,539
201901	31,131	Capitations	\$40,271	\$0	Benefit Period	31,131
201902	31,166	Capitations	\$40,098	\$0	Benefit Period	31,166

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201601	37,936	22,355	\$20,732,649	\$690,399	\$20,042,250	\$16,728,055	\$19,448,623	86.0%
201602	38,265	22,688	\$20,211,442	\$693,409	\$19,518,033	\$16,668,336	\$19,693,775	84.6%
201603	38,703	23,059	\$23,565,899	\$698,107	\$22,867,792	\$20,040,406	\$19,812,738	101.1%
201604	38,577	23,008	\$20,463,534	\$718,089	\$19,745,445	\$17,198,678	\$19,815,763	86.8%
201605	38,594	23,046	\$20,978,398	\$718,470	\$20,259,927	\$17,846,952	\$19,755,680	90.3%
201606	38,590	23,045	\$22,603,939	\$718,485	\$21,885,454	\$19,510,240	\$19,841,586	98.3%
201607	38,433	22,956	\$20,674,800	\$749,972	\$19,924,827	\$17,812,077	\$19,708,089	90.4%
201608	37,664	22,606	\$23,000,097	\$734,809	\$22,265,288	\$20,088,543	\$19,289,455	104.1%
201609	37,088	22,256	\$21,061,055	\$724,506	\$20,336,549	\$18,248,928	\$19,027,046	95.9%
201610	37,022	22,245	\$21,091,618	\$674,586	\$20,417,033	\$18,427,936	\$18,944,496	97.3%
201611	36,181	21,750	\$20,571,915	\$655,166	\$19,916,748	\$17,977,544	\$18,622,472	96.5%
201612	33,439	20,363	\$17,833,495	\$611,538	\$17,221,957	\$15,219,439	\$17,528,299	86.8%
201701	34,634	21,490	\$22,444,315	\$701,226	\$21,743,088	\$18,710,262	\$17,762,165	105.3%
201702	35,060	21,882	\$19,061,928	\$710,546	\$18,351,382	\$15,918,664	\$17,915,231	88.9%
201703	35,518	22,301	\$21,576,091	\$719,893	\$20,856,197	\$18,244,058	\$18,081,461	100.9%
201704	35,484	22,245	\$20,091,008	\$820,510	\$19,270,498	\$17,029,999	\$18,194,385	93.6%
201705	35,621	22,351	\$21,121,634	\$823,327	\$20,298,306	\$17,977,154	\$18,064,635	99.5%
201706	35,341	22,149	\$21,311,745	\$819,105	\$20,492,640	\$18,228,171	\$17,988,169	101.3%
201707	35,409	22,091	\$18,735,440	\$805,808	\$17,929,632	\$15,811,319	\$17,988,136	87.9%
201708	35,596	22,151	\$21,555,231	\$809,751	\$20,745,479	\$18,551,198	\$18,117,121	102.4%
201709	35,575	22,178	\$19,059,059	\$809,199	\$18,249,859	\$16,202,134	\$18,145,275	89.3%
201710	35,395	22,069	\$19,905,209	\$788,438	\$19,116,771	\$16,947,172	\$17,989,450	94.2%
201711	35,242	21,906	\$20,179,245	\$783,775	\$19,395,469	\$17,279,474	\$17,951,225	96.3%
201712	34,727	21,591	\$19,242,030	\$773,343	\$18,468,687	\$16,314,244	\$17,783,963	91.7%
201801	34,450	21,572	\$22,604,906	\$790,249	\$21,814,657	\$18,598,592	\$18,734,165	99.3%
201802	34,315	21,464	\$20,043,561	\$786,044	\$19,257,517	\$16,780,560	\$18,618,596	90.1%
201803	34,168	21,364	\$21,986,688	\$782,434	\$21,204,254	\$18,678,420	\$18,629,851	100.3%
201804	33,858	21,190	\$21,516,304	\$816,433	\$20,699,871	\$18,297,982	\$18,648,531	98.1%
201805	33,816	21,060	\$21,592,297	\$816,263	\$20,776,034	\$18,382,077	\$18,593,910	98.9%
201806	33,246	20,721	\$20,427,243	\$802,829	\$19,624,414	\$17,509,772	\$18,550,209	94.4%
201807	32,849	20,479	\$20,383,843	\$773,496	\$19,610,347	\$17,636,854	\$18,302,388	96.4%
201808	32,747	20,324	\$21,174,989	\$771,235	\$20,403,753	\$18,366,182	\$18,332,555	100.2%
201809	32,524	20,092	\$19,187,313	\$766,494	\$18,420,819	\$16,543,855	\$18,476,110	89.5%
201810	32,341	20,014	\$23,609,091	\$739,875	\$22,869,217	\$20,690,002	\$18,316,593	113.0%
201811	31,817	19,703	\$20,963,157	\$728,098	\$20,235,059	\$18,344,918	\$18,223,069	100.7%
201812	30,539	18,966	\$18,220,461	\$699,449	\$17,521,012	\$15,673,798	\$18,273,317	85.8%
201901	31,131	19,606	\$22,378,428		\$22,378,428	\$19,305,493	\$18,948,090	101.9%
201902	31,166	19,608	\$21,800,160		\$21,800,160	\$18,629,346	\$18,848,930	98.8%

DC GHMSI Small Group & Indvidual Combined (Small Group) Exhibit 1 - Market Adjusted Index Rate Summary

		2020	2019	% Change
(1)	Base Period Total Allowed	\$611.18	\$554.90	10.1%
(2)	Base Period Non-EHB PMPM	\$0.63	\$3.02	-79.3%
(3)	Experience Period Index Rate	\$610.55	\$5.02	10.6%
(3)	Experience renou maex nate	Ç010.55	JJJ1.07	10.070
(4)	Change in Morbidity	1.006	1.007	0.0%
(5)	Additional Population Adjustment	1.000	1.000	0.0%
(6)	Induced Demand	1.010	1.005	0.5%
(7)	Projection Period Utilization and Network Adjustment	1.000	1.000	0.0%
(8)	Demographic Adjustment	0.990	0.981	0.9%
(9)	Area Adjustment	1.000	1.000	0.9%
(9) (10)	Additional "Other" Adjustments	0.996	0.998	-0.2%
(10)	Additional Other Adjustments	0.990	0.996	-0.2%
(11)	Annualized Trend	8.4%	7.5%	
(12)	Months of Trend	24.0	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.175	1.156	1.7%
(14)	Projection Period Index Rate	\$ 719.31 \$	631.82	13.8%
(15)	Risk Adjustment Program	0.940	0.936	0.3%
(16)	Federal Exchange User Fee	1.000	1.000	0.0%
(10)	rederal Exchange Oser rec	1.000	1.000	0.070
(17)	Market Adjusted Index Rate	\$ 675.84 \$	591.58	14.2%
	Without Risk Adjustment	\$ 719.31 \$	631.82	13.8%

2020 DC Small Group GHMSI

Plan Adjusted	Index	Rate	Changes

		_				Market A	ket Adjusted Index Rate		Benefits			Network Induced L		ced Utilizat	tion		HSA Factor			Non-EHB			Admin		А	ge Calibrati	ion	To	otal Change			
					Projected																											
			Metallic		Members -																											
Index 2019 HIOS Plan ID	2019 Plan Name	Type	Tier	On/Off	12/2019	2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change	2020		Change
1 78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On	2,256	\$675.84	\$591.58	14.24%	0.832	0.824	0.92%	1.000	1.000	0.00%	0.979	0.982	-0.31%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$640.48	\$542.30	
2 78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On	2,952	\$675.84	\$591.58	14.24%	0.852	0.846	0.76%	1.000	1.000	0.00%	0.979	0.982	-0.31%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$656.33	\$556.58	17.92%
3 78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On	580	\$675.84	\$591.58	14.24%	0.759	0.750	1.21%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$557.90	\$471.08	18.43%
4 78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On	646	\$675.84	\$591.58	14.24%	0.741	0.728	1.80%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$544.29	\$456.95	19.11%
5 78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On	8,135	\$675.84	\$591.58	14.24%	0.939	0.936	0.35%	1.000	1.000	0.00%	1.043	1.046	-0.29%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$770.74	\$656.16	17.46%
6 78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On	3,092	\$675.84	\$591.58	14.24%	0.900	0.899	0.11%	1.000	1.000	0.00%	1.043	1.046	-0.29%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$738.45	\$630.22	17.17%
7 78079DC0220026	BluePreferred PPO Silver 1000	PPO	SILVER	On	416	\$675.84	\$591.58	14.24%	0.720	0.734	-2.03%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$528.72	\$461.24	14.63%
8 78079DC0220027	HealthyBlue PPO Gold 1500	PPO	GOLD	On	1,140	\$675.84	\$591.58	14.24%	0.900	0.845	6.46%	1.000	1.000	0.00%	1.043	0.982	6.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$738.45	\$556.37	32.73%
9 78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	PPO	SILVER	On	152	\$675.84	\$591.58	14.24%	0.741	0.745	-0.55%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$544.29	\$467.74	16.37%
10 78079DC0220030	HealthyBlue PPO Platinum 500	PPO	PLATINUM	On	476	\$675.84	\$591.58	14.24%	0.939	0.909	3.30%	1.000	1.000	0.00%	1.043	1.046	-0.29%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$770.74	\$637.46	20.91%
11 78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On	1,265	\$675.84	\$591.58	14.24%	0.817	0.812	0.57%	1.000	1.000	0.00%	0.979	0.982	-0.31%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$629.01	\$534.44	17.70%
12 78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On	303	\$675.84	\$591.58	14.24%	0.805	0.794	1.33%	1.000	1.000	0.00%	0.979	0.982	-0.31%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$619.73	\$522.60	18.59%
13 78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	PPO	SILVER	On	100	\$675.84	\$591.58	14.24%	0.705	0.694	1.63%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$518.15	\$435.73	18.92%
14 78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On	350	\$675.84	\$591.58	14.24%	0.760	0.751	1.26%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$558.71	\$471.57	18.48%
					21,863	\$675.84	\$591.58	14.24%	0.880	0.872	0.88%	1.000	1.000	0.00%	1.012	1.012	0.04%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$702.24	\$593.01	18.49%

Key Drivers

- 1.) Deterioration in the base period experience of the combined pool.
- 2.) Trend of 8.4%.
- 3.) Re-introduction of the Health Insurer Fee in 2020.
- 4.) Increase in the contribution to reserve.

DC GHMSI Small Group & Indvidual Combined (Small Group) Exhibit 1 - Market Adjusted Index Rate Summary

		2020	2019	% Change
(1)	Base Period Total Allowed	\$611.18	\$554.90	10.1%
(2)	Base Period Non-EHB PMPM	\$0.63	\$3.02	-79.3%
(3)	Experience Period Index Rate	\$610.55	\$551.87	10.6%
(4)	Change in Morbidity	1.006	1.007	0.0%
(5)	Additional Population Adjustment	1.000	1.000	0.0%
(6)	Induced Demand	1.010	1.005	0.5%
(7)	Projection Period Utilization and Network Adjustment	1.000	1.000	0.0%
(8)	Demographic Adjustment	0.990	0.981	0.9%
(9)	Area Adjustment	1.000	1.000	0.0%
(10)	Additional "Other" Adjustments	0.996	0.998	-0.2%
(11)	Annualized Trend	8.4%	7.5%	
(12)	Months of Trend	24.0	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.175	1.156	1.7%
(14)	Projection Period Index Rate	\$ 719.31 \$	631.82	13.8%
(15)	Risk Adjustment Program	0.968	0.936	3.4%
(16)	Federal Exchange User Fee	1.000	1.000	0.0%
(17)	Market Adjusted Index Rate	\$ 696.14 \$	591.58	17.7%
	Without Risk Adjustment	\$ 719.31 \$	631.82	13.8%

2020 DC Small Group GHMSI

Plan Adjusted Index Rate Changes

		_			[Market Adjusted Index Rate Benefits N		Network		Indu	ced Utilizat	ion		HSA Factor			Non-EHB	-EHB Admin				А	ge Calibrat	ion	Total Change							
					Projected																											
1- d 2040 LUGS Bl ID	2040 Plan Name		Metallic Tier	On/Off	Members - 12/2019	2020	2040	Character	2020	2040	Character	2020	2040	Character	2020	2040	Character	2020	2040	Character	2020	2019	Character	2020	2040	Character	2020	2040	Characa	2020	2019	Character
Index 2019 HIOS Plan ID	2019 Plan Name	Туре		,			2019	Change	2020	2019	Change	2020	2019	Change		2019	Change	2020	2019	Change	2020		Change	2020	2019	Change	2020	2019	Change	2020		Change
1 78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On	2,256	\$696.14	\$591.58		0.832	0.824	0.92%	1.000	1.000	0.00%	0.979	0.982	-0.31%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$657.52	\$542.30	21.25%
2 78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On	2,952	\$696.14	\$591.58		0.852	0.846	0.76%	1.000	1.000	0.00%	0.979	0.982	-0.31%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$673.79	\$556.58	21.06%
3 78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On	580	\$696.14	\$591.58	17.67%	0.759	0.750	1.21%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$572.74	\$471.08	21.58%
4 78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On	646	\$696.14	\$591.58	17.67%	0.741	0.728	1.80%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$558.77	\$456.95	22.28%
5 78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	1 On	8,135	\$696.14	\$591.58	17.67%	0.939	0.936	0.35%	1.000	1.000	0.00%	1.043	1.046	-0.29%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$791.25	\$656.16	20.59%
6 78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	1 On	3,092	\$696.14	\$591.58	17.67%	0.900	0.899	0.11%	1.000	1.000	0.00%	1.043	1.046	-0.29%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$758.10	\$630.22	20.29%
7 78079DC0220026	BluePreferred PPO Silver 1000	PPO	SILVER	On	416	\$696.14	\$591.58	17.67%	0.720	0.734	-2.03%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$542.79	\$461.24	17.68%
8 78079DC0220027	HealthyBlue PPO Gold 1500	PPO	GOLD	On	1,140	\$696.14	\$591.58	17.67%	0.900	0.845	6.46%	1.000	1.000	0.00%	1.043	0.982	6.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$758.10	\$556.37	36.26%
9 78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	PPO	SILVER	On	152	\$696.14	\$591.58	17.67%	0.741	0.745	-0.55%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$558.77	\$467.74	19.46%
10 78079DC0220030	HealthyBlue PPO Platinum 500	PPO	PLATINUM	1 On	476	\$696.14	\$591.58	17.67%	0.939	0.909	3.30%	1.000	1.000	0.00%	1.043	1.046	-0.29%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$791.25	\$637.46	24.13%
11 78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On	1,265	\$696.14	\$591.58	17.67%	0.817	0.812	0.57%	1.000	1.000	0.00%	0.979	0.982	-0.31%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$645.75	\$534.44	20.83%
12 78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On	303	\$696.14	\$591.58	17.67%	0.805	0.794	1.33%	1.000	1.000	0.00%	0.979	0.982	-0.31%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$636.22	\$522.60	21.74%
13 78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	PPO	SILVER	On	100	\$696.14	\$591.58	17.67%	0.705	0.694	1.63%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$531.94	\$435.73	22.08%
14 78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On	350	\$696.14	\$591.58	17.67%	0.760	0.751	1.26%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$573.58	\$471.57	21.63%
					21,863	\$696.14	\$591.58	17.67%	0.880	0.872	0.88%	1.000	1.000	0.00%	1.012	1.012	0.04%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$720.93	\$593.01	21.64%

Key Drivers

- 1.) Deterioration in the base period experience of the combined pool.
- 2.) Trend of 8.4%.
- 3.) Re-introduction of the Health Insurer Fee in 2020.
- 4.) Increase in the contribution to reserve.
- 5.) Combined Risk Adjustment

CareFirst BlueCross BlueShield Part III Actuarial Memorandum

4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

4.2 General Information Section

Company Identifying Information:

- Company Legal Name: Group Hospitalization and Medical Services, Inc. (GHMSI) NAIC # 53007
- State: District of Columbia
- HIOS Issuer ID: 78079Market: Small Groups (On Exchange)
- Effective Date: 1/1/20 and quarterly incremental "trend" increases effective 4/1/20, 7/1/20 and 10/1/20.
- Company Filing Number: 2344
- SERFF Filing Number: CFAP-131941267

Company Contact Information:

- Primary Contact Name: Mr. Dwayne Lucado, FSA, MAAA
- Primary Contact Telephone Number: 410-998-7519
- Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com

4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 18.5% on average for 1Q20. The range is 14.6% to 32.7%. The estimated average base rate changes for 2Q20, 3Q20, and 4Q20 are 17.6%, 17.2% and 16.5%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 12,574.

Reason for Rate Change(s):

The main drivers supporting the rate change are the deterioration in the base period experience of the combined pool, the re-introduction of the Health Insurer Fee in 2020, and the increase in contribution to reserve.

4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/18 through 12/31/18, as required.

Paid Through Date: 2/28/19

Current Date: 2/28/19

Premiums (prior to MLR rebates) in Experience Period: \$221,699,296

Experience Period Member Months: 396,670

Current Date Members: 31,164

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

• Processed through issuer's claim system: \$242,436,955

• Processed outside issuer's claim system: \$0

• IBNR: \$2,919,239

Incurred Claims

• Processed through issuer's claim system: \$215,503,011

• Processed outside issuer's claim system: \$0

• IBNR: \$2,593,187

Method used for determining Allowed Claims

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

Support for IBNR estimates

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

4.4.2 Benefit Categories

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

4.4.3 Projection Factors

4.4.3.1 Trend Factors

Trend Factors (Cost/Utilization):

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 8.4%, which is less than a point increase compared to the 7.5% trend assumed in our prior filing. Current observed medical trends as of 201812 are 10.5%, up from -1.1% in 201712. The current observed drug trends are 9.2% as of 201812, down from 13.5% in 201712.

We note that the current drug observed trend as of 201812 is artificially depressed due to a structural formulary change effective 201801. The adjusted observed drug trend as of 201812 is 12.0%. The adjusted aggregate medical and drug trend is 10.9%.

When normalized for induced demand, network, and demographics, the composite 10.9% observed trend decreases to 10.3%.

In addition, we sought industry data to help inform our trend assumption. The table below was developed from two different industry surveys from national consultants. The medical and drug trends reported were blended using our base period experience to estimate composite trends.

	2019 OW	Carrier Tre	nd Report	2019 Aon	Carrier Tre	nd Survey	
Percentile	HMO	PPO	CDH	HMO	PPO	CDH	Average
75th	8.2%	9.5%	9.9%	8.8%	9.2%	9.2%	9.1%
50th	7.5%	8.0%	8.3%	8.1%	7.6%	7.9%	7.9%
25th	5.3%	6.7%	6.7%	6.5%	6.1%	6.1%	6.2%

Based on this information we believe that our assumed 8.4% composite trend is well within the reasonable range of trend assumptions.

4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment:

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2020 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2019) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2020) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2018 to 2020 is expected to be 0.6%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

Demographic Shift:

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

Plan Design Changes:

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the

federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

Other Adjustments:

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

4.4.3.3 Manual Rate Adjustments

Not applicable, as experience was determined to be fully credible. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filing we are using a projection period ending with 3/31/2021 for our first quarter 2020 Index Rate Projection since business may be sold with this rate through 3/31/2020 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

4.4.3.4 Credibility of Experience

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

4.4.3.5 Establishing the Index Rate

The experience period index rate for this filing is \$610.55 and the projection period index rate is \$719.31. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

4.4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate for the Small Group market is \$675.84 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

Reinsurance

There are no reinsurance recoveries applicable to this market.

Risk Adjustment Payment/Charge:

The Experience Period Risk Adjustment transfers in the URRT are based on the most recent Wakely results.

Our projected 2020 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2018 to 2020, we have assumed an increase in the statewide premium of 17.1% which reflects an estimate of an average 3.0% increase in 2019 and 13.7% increase in 2020. We have assumed that our market share will decrease from 77.9% in 2018 to 75.5% in 2020. We have assumed that our PLRS ratio to the state will improve from 1.018 in 2018 to 1.004 in 2020. The resultant estimate of risk adjustment is that the GHMSI receivable transfer PMPM for the Small Group market will increase from \$36.59 in 2018 to \$39.83 in 2020.

Exchange User Fees:

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

4.4.4 Plan Adjusted Index Rate

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- Actuarial value and cost-sharing design of the plan: The actuarial value for each plan was
 determined using our own internal model and estimates the ratio of paid to allowed dollars given
 that plan's benefit design and the assumed allowed amount consistent with the projection period
 index rate. The URRT instructions state that this adjustment may "...take into account the benefit
 differences and utilization differences due to differences in cost-sharing." As a result, our plan
 adjusted index rates also include adjustments to account for the impact the metal level has on
 utilization.
- **Provider network**: All plans offered use the PPO network.
- **Benefits in addition to EHBs**: There is an adjustment to account for abortion coverage (which are offered in addition to EHBs).
- Administrative costs: See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
 - 1. Administrative Expense (G&A)
 - 2. Broker Commissions & Fees
 - 3. Federal Income Tax (FIT)
 - 4. Contribution to Reserve (Post-Tax)
 - 5. State Premium Tax
 - 6. Health Insurer Fee (HIF)
 - 7. Risk Adjustment User Fee
 - 8. Exchange Assessment Fee

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

4.4.5 Calibration

Age Curve Calibration

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found on Exhibit 13.

Geographic Factor Calibration

We have elected not to rate for geographic region.

Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

4.4.6 Consumer Adjusted Premium Rate Development

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

4.5 Projected Loss Ratio

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 85.5% for the Small Group market and 85.5% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

4.6 Plan Product Information

4.6.1 AV Metal Values

The majority of our 2020 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. The results were blended assuming 81% of the designated services are rendered in higher cost-share setting and the remaining 19% at the lower, consistent with experience from our small group and individual markets. Plans without these features used the AV calculator without modification

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing.

4.6.2 Membership Projections

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/28/19 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Small Group plans. Therefore, because of Individual being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

4.6.3 Plan Type

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

4.7 Miscellaneous Instructions

4.7.1 Effective Rate Review Information (Optional)

We have no additional exhibits.

4.7.2 Reliance

We do not have any reliance to state.

4.7.3 Actuarial Certification

Included in the Memorandum.

Group Hospitalization & Medical Services Inc. d.b.a. CareFirst BlueCross BlueShield (NAIC # 53007)

Rate Filing # 2344

D.C. Small Group Products

Rate Filing Effective 1/1/2020

Actuarial Memorandum

Group Hospitalization & Medical Services Inc. (NAIC # 53007)

H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA) D.C. Small Group Products Rate Filing Effective 1/1/2020 Actuarial Certification

- I, Dwayne Lucado, am a(n) Sr. Actuary with CareFirst GHMSI doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.
- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41. Actuarial Communications
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

- 1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1) and 147.102).
 - b. Developed in compliance with the applicable Actuarial Standards of Practice.
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - d. Neither excessive nor deficient.
- 2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
- 3. Consistent with 45 CFR § 156.135, the 2020 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado Date: 2019.05.24 11:15:56 -04'00'

Dwayne Lucado, FSA, MAAA Sr. Actuary CareFirst BlueCross BlueShield Mail Drop-Point 01-720 10455 Mill Run Circle Owings Mills, MD 21117

Exhibit 1 - Market Adjusted Index Rate Summary

		2020	Exhibit
(1)	Base Period Total Allowed	\$ 611.18	2
(2)	Base Period Non-EHB PMPM	\$ 0.63	2
(3)	Experience Period Index Rate	\$ 610.55	
(4)	Change in Morbidity	1.0063	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	1.0104	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9900	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	0.9962	7
(11)	Annualized Trend	8.4%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1750	
(14)	Projection Period Index Rate	\$ 719.31	
(15) (16)	Risk Adjustment Program Federal Exchange User Fee	0.9396 1.0000	9
(17)	Market Adjusted Index Rate Without Risk Adjustment	675.84 719.31	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

Exhibit 2 - Base Period Experience

Service Category	Incurred Allowed	All	owed PMPM	Utilization Description	Utilization per 1,000	C	Average ost/Service
Inpatient Hospital	\$ 40,840,921	\$	102.96	Admits	97.23	\$	12,707.31
Outpatient Hospital	\$ 48,913,925	\$	123.31	Visits	1,001.55	\$	1,477.45
Professional	\$ 74,021,182	\$	186.61	Visits	12,376.47	\$	180.93
Other Medical	\$ 15,251,140	\$	38.45	Services	1,647.78	\$	280.00
Capitation	\$ 429,583	\$	1.08	Benefit Period	1,000	\$	13.00
Prescription Drug	\$ 62,980,204	\$	158.77	Prescriptions	9,938.52	\$	191.71
Total (EHB & Non-EHB)	\$ 242,436,955	\$	611.18				
EHB Allowed	\$ 242,188,128	\$	610.55				
Non-EHB Allowed	\$ 248,827	\$	0.63				
Incurred Net	\$ 215,503,011	\$	543.28				
Net/Allowed	88.89%						
Experience Period Member Months	396,670						
Experience Period Revenue	\$ 221,699,296						

Exhibit 3 - Non-EHB Adjustment

			On-Exchange	2020 O		
(1)	Blended Index Rate	\$	736.53	\$	736.53	
(2)	Non-EHB PMPM	\$	0.13	\$	0.13	
(3)	Total	\$	736.66	\$	736.66	
(4)	Plan Level Adjustment		1.000		1.000	(3)/(1)

Base Year

Metal Level	Member Months	2018 Normalized Allowed PMPM		
Catastrophic		\$	-	
Bronze	22,490	\$	199.24	
Silver	64,807	\$	255.43	
Gold	126,784	\$	342.59	
Platinum	182,536	\$	375.60	
Subtotal	396 617	¢	335 42	

Current Year YTD

Existing										
Metal Level	Member Months		18 Normalized llowed PMPM	Morbidity Adjustment	No	9 Adjusted ormalized wed PMPM				
Catastrophic	-	\$		1.000	\$					
Bronze	2,889	\$	184.99	1.000	\$	184.99				
Silver	8,023	\$	265.56	1.000	\$	265.56				
Gold	17,203	\$	342.74	1.000	\$	342.74				
Platinum	24,727	\$	378.71	1.000	\$	378.71				
Subtotal	52,842	\$	339.23	1.000	\$	339.23				

		New			
Metal Level	Member Months	disting Cohort Adjusted malized Allowed PMPM	Morbidity Adjustment	No	9 Adjusted ormalized wed PMPM
Catastrophic		\$	1.000	\$	-
Bronze	351	\$ 184.99	1.000	\$	184.99
Silver	1,105	\$ 265.56	1.000	\$	265.56
Gold	2,823	\$ 342.74	1.000	\$	342.74
Platinum	3,467	\$ 378.71	1.000	\$	378.71
Subtotal	7,746	\$ 340.68	1.000	\$	340.68

•	Transfer										
Metal Level	Member Months		.8 Normalized owed PMPM	Morbidity Adjustment	No	9 Adjusted rmalized ved PMPM					
Catastrophic	-	\$	-	1.000	\$	-					
Bronze	122	\$	98.60	1.000	\$	98.60					
Silver	351	\$	212.42	1.000	\$	212.42					
Gold	653	\$	242.98	1.000	\$	242.98					
Platinum	629	\$	341.05	1.000	\$	341.05					
Subtotal	1,755	\$	261.98	1.000	\$	261.98					

		Total			
Metal Level	Member Months	018 Normalized Allowed PMPM	Morbidity Adjustment	N	9 Adjusted ormalized wed PMPM
Catastrophic	-	\$ -	-	\$	-
Bronze	3,362	\$ 181.85	1.000	\$	181.85
Silver	9,479	\$ 263.60	1.000	\$	263.60
Gold	20,679	\$ 339.59	1.000	\$	339.59
Platinum	28,823	\$ 377.89	1.000	\$	377.89
Subtotal	62,343	\$ 337.24	1.000	\$	337.24

Remainder of Current Year

Existing									
Metal Level	Member Months		19 Adjusted alized Allowed PMPM						
Catastrophic		\$	-						
Bronze	12,539	\$	184.99						
Silver	38,182	\$	265.56						
Gold	83,242	\$	342.74						
Platinum	124,113	\$	378.71						
Subtotal	258,076	\$	340.96						

New								
Metal Level	Member Months		L9 Adjusted alized Allowed PMPM					
Catastrophic		\$						
Bronze	2,504	\$	184.99					
Silver	5,822	\$	265.56					
Gold	15,748	\$	342.74					
Platinum	13,352	\$	378.71					
Subtotal	37,426	\$	333.01					

	Transfer								
Metal Level	Member Months	Norma	9 Adjusted lized Allowed PMPM						
Catastrophic		\$	-						
Bronze	590	\$	98.60						
Silver	1,612	\$	212.42						
Gold	3,120	\$	242.98						
Platinum	2,762	\$	341.05						
Subtotal	8,084	\$	259.85						

	Total		
Metal Level	Member Months	Normal	Adjusted lized Allowed PMPM
Catastrophic		\$	
Bronze	15,633	\$	181.7
Silver	45,616	\$	263.69
Gold	102,110	\$	339.69
Platinum	140,227	\$	377.9
Subtotal	303,586	\$	337.82

Total Current Year

Total	Member Months	2019 Adjusted Normalized Allowed PMPM		
Catastrophic		\$	-	
Bronze	18,995	\$	181.75	
Silver	55,095	\$	263.67	
Gold	122,789	\$	339.68	
Platinum	169,050	\$	377.96	
Subtotal	365 929	4	337 72	

Rating Year

	Existing						
Metal Level	Member Months	2019 Normalized Allowed PMPM		Morbidity Adjustment	No	0 Adjusted rmalized wed PMPN	
Catastrophic	-	\$	-	1.000	\$		
Bronze	15,063	\$	181.75	1.000	\$	181.7	
Silver	46,036	\$	263.67	1.000	\$	263.6	
Gold	95,947	\$	339.68	1.000	\$	339.68	
Platinum	157,108	\$	377.96	1.000	\$	377.96	
Subtotal	314,154	\$	340.11	1.000	\$	340.11	

New							
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM		Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM		
Catastrophic		\$	-	1.000	\$	-	
Bronze	2,450	\$	181.75	1.000	\$	181.75	
Silver	5,363	\$	263.67	1.000	\$	263.67	
Gold	9,051	\$	339.68	1.000	\$	339.68	
Platinum	10,210	\$	377.96	1.000	\$	377.96	
Subtotal	27,074	\$	324.77	1.000	\$	324.77	

Transfer								
Metal Level	Member Months		Normalized wed PMPM	Morbidity Adjustment	No	0 Adjusted rmalized wed PMPM		
Catastrophic		\$	-	1.000	\$	-		
Bronze	312	\$	98.60	1.000	\$	98.60		
Silver	1,272	\$	212.42	1.000	\$	212.42		
Gold	2,556	\$	242.98	1.000	\$	242.98		
Platinum	2,868	\$	341.05	1.000	\$	341.05		
Subtotal	7,008	\$	271.14	1.000	\$	271.14		

	Total								
Metal Level	Member Months		Normalized owed PMPM	Morbidity Adjustment	No	0 Adjusted rmalized wed PMPN			
Catastrophic	-	\$	-	-	\$	-			
Bronze	17,825	\$	180.29	1.000	\$	180.29			
Silver	52,671	\$	262.43	1.000	\$	262.43			
Gold	107,554	\$	337.38	1.000	\$	337.38			
Platinum	170,186	\$	377.33	1.000	\$	377.33			
Subtotal	348,236	\$	337.53	1.000	\$	337.53			

Year	djusted ilized PMPM	Year over Year Change
2018	\$ 335.42	n/a
2019	\$ 337.72	0.7%
2020	\$ 337.53	-0.1%

Morbidity Adjustment Change	0.6%
Morbidity Adjustment Factor	1 0062

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2018 (2) Projected 2020	84.13% 85.77%	1.1089 1.1204	
(3) Adjustment*		1.0104	(2)/(1)

^{*}Applied to all service categories except capitations

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.7147	100.0%	34.9
(2)	Rating Period	Existing	1.7185	90.2%	
		New	1.5115	7.8%	
		Transfer	1.4755	2.0%	
(3)	Rating Period	All	1.6975	100.0%	34.6
(4)	Demographic Adjustment***	All	0.9900		

(3) / (1)

^{*}Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

^{**}Average ages are member weighted

^{***}Applied to all service categories except capitations

Exhibit 7 - Factors for Additional "Other" Adjustments

	Capitation adjustment			
(1)	EP Capitation PMPM	\$	0.55	
(2)	Projected Capitations PMPM	\$	0.75	
(3)	Adjustment to Capitation Category		1.3459	(2)/(1)
	Drug Rebates adjustment			
(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	182.15	
(5)	Experience Pharmacy Rebates PMPM	\$	23.38	
(6)	Projected Pharmacy Rebates PMPM	\$	22.89	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	Ś	158.77	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$	159.26	
(9)	Adjustment to Drug Category		1.0031	(8)/(7)
	Formulary Adjustments			
(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	182.15	
(11)	Ingredient cost Adjustment Factor		0.9840	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	179.24	(10)*(11)
(13)	Projection Period Pharmacy Rebates PMPM	\$	22.89	
(14)	Adjustment to Drug Category		0.9817 [(12) - (13)]/[(10) - (13)]

	PMPM	Adjustment	
Inpatient Hospital	\$ 120.88	1.0000	
Outpatient Hospital	\$ 143.39	1.0000	
Professional	\$ 219.50	1.0000	
Other Medical	\$ 44.38	1.0000	
Capitation	\$ 0.55	1.3459	(3)
Prescription Drug	\$ 193.37	0.9847	(9)*(14)
Total	\$ 722.07	0.9962	

PMPM weights are set equal projected PMPM without "other" adj.

Exhibit 8 - Annual Trend Assumptions

	20:	18 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
	A	402.06	4.5.00/	4 0000	4 0000	4 0000
Inpatient Hospital	\$	102.96	16.8%	1.0800	1.0000	1.0800
Outpatient Hospital	\$	123.31	20.2%	1.0750	1.0000	1.0750
Professional	\$	186.61	30.5%	1.0600	1.0200	1.0812
Other Medical	\$	38.45	6.3%	1.0200	1.0500	1.0710
Capitation	\$	1.08	0.2%	1.0000	1.0000	1.0000
Prescription Drug	\$	158.77	26.0%	1.0000	1.1000	1.1000
Total	\$	611.18	100.0%			1.0838
Proposed Trend						1.0840

Exhibit 9 - Risk Adjustment

2018

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	РМРМ
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	35,807	12.2%	1.086	1.1011	-\$610,357	-\$17.05
Gold	100,207	34.1%	1.334	1.0426	\$3,280,915	\$32.74
Platinum	157,507	53.7%	1.563	1.0620	\$8,068,916	\$51.23
Total	293,521	100.0%	1.425	1.0601	\$10,739,474	\$36.59

Sta	+0	wid.	^ 7	1	0

Statewide PMPM 2018

Small Group	928,580	1.2585	1.0374	\$	422.87

2020

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	26,502	10.5%	0.9704	1.1316	-\$987,962	-\$37.28
Gold	79,934	31.6%	1.2047	1.0448	\$2,724,327	\$34.08
Platinum	146,468	57.9%	1.4273	1.0744	\$8,336,608	\$56.92
Total	252,904	100.0%	1.3091	1.0710	\$10,072,972	\$39.83

Statewide 2020

Statewide PMPM 2020

Small Group	944,103	1.1559	1.0458	\$ 495.22

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate (Avg. 1Q-4Q)	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$736.53	\$44.69	\$ 0.18	0.9396

^{*}Adjustment Factor = (\$736.53 - \$44.69+ \$0.18) / \$736.53

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2020		2Q 2020		3Q 2020			4	4Q 2020	Total 2020		
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue		PMPM	% of Revenue	PMPM	% of Revenue	
Allowed Claims \$	727.60		\$ 742.42		\$ 757.54		\$	772.98		\$ 751.59		
Paid/Allowed Ratio	88.11%		88.11	%	88.11%			88.11%		88.1%		
Paid Claims & Capitations \$	641.11		\$ 654.16	i	\$ 667.49		\$	681.09		\$ 662.25		
Risk Adjustment Transfer (Paid Basis)	39.83		\$ 39.83		\$ 39.83		\$	39.83		\$ 39.83		
Paid Claims & Capitations (Post-3Rs)	601.28	80.5%	\$ 614.33	80.7%	\$ 627.66	80.9%	\$	641.26	81.1%	\$ 622.42	80.8%	
Administrative Expense \$	51.27	6.9%	\$ 51.27	6.7%	\$ 51.27	6.6%	\$	51.27	6.5%	\$ 51.27	6.7%	
Broker Commissions & Fee \$	23.80	3.2%	\$ 23.80	3.1%	\$ 23.80	3.1%	\$	23.80	3.0%	\$ 23.80	3.1%	
Contribution to Reserve (Post-Tax)	25.39	3.4%	\$ 25.88	3.4%	\$ 26.38	3.4%	\$	26.89	3.4%	\$ 26.18	3.4%	
Investment Income Credit	(0.75)	-0.1%	\$ (0.76	-0.1%	\$ (0.78)	-0.1%	\$	(0.79)	-0.1%	\$ (0.77)	-0.1%	
Risk Charge \$	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$	-	0.0%	\$ -	0.0%	
Non-ACA Taxes & Fees												
State Premium Tax \$	14.93	2.0%	\$ 15.22	2.0%	\$ 15.52	2.0%	\$	15.82	2.0%	\$ 15.40	2.0%	
State Assessment Fee \$	0.75	0.1%	\$ 0.76	0.1%	\$ 0.78	0.1%	\$	0.79	0.1%	\$ 0.77	0.1%	
Reinsurance Program Fee \$	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$	-	0.0%	\$ -	0.0%	
State Income Tax	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$	-	0.0%	\$ -	0.0%	
Federal Income Tax \$	4.48	0.6%	\$ 4.57	0.6%	\$ 4.65	0.6%	\$	4.74	0.6%	\$ 4.62	0.6%	
ACA Taxes & Fees												
Health Insurer Tax	17.57	2.4%	\$ 17.93	2.4%	\$ 18.25	2.4%	\$	18.61	2.4%	\$ 18.12	2.4%	
Risk Adjustment User Fee	0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	\$	0.18	0.0%	\$ 0.18	0.0%	
Exchange Assessment Fee	7.47	1.0%	\$ 7.63	1.0%	\$ 7.76	1.0%	\$	7.91	1.0%	\$ 7.70	1.0%	
Federal Exchange User Fee	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$	-	0.0%	\$ -	0.0%	
BlueRewards/Incentive Program \$	0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$	0.35	0.0%	\$ 0.35	0.0%	
Total Revenue	746.71	100.0%	\$ 761.13	100.0%	\$ 775.82	100.0%	\$	790.82	100.0%	\$ 770.03	100.0%	
Plan Level Admin Load Adjustment	1.2415		1.238	6	1.2357			1.2329				
Projected Member Months	82,972		36,954		33,297			99,681		252,904		
Average Members	6,914		3,080		2,775			8,307		21,075		
% Total 2020	32.8%		14.6	%	13.2%			39.4%		100.0%		

Exhibit 10B - Federal MLR

Total 2020 PMPM / % **Traditional MLR Development** Paid Claims & Capitations (Post-3Rs) \$ 622.42 Total Revenue \$ 770.03 Traditional MLR (i.e. DICR) 80.8% **Federal MLR Development Numerator Adjustments** BlueRewards/Incentive Program \$ 0.35 **Quality Improvement Expenses** \$ 3.55 Removal of non-care costs under MLR guidelines \$ (8.30)**Denominator Adjustments** Non-ACA Taxes & Fees \$ 20.79 ACA Taxes & Fees \$ 26.00 Federal MLR Numerator \$ 618.02 Federal MLR Denominator \$ 723.24 85.5% **Federal MLR Projected Member Months**

252,904

Exhibit 10B - Federal MLR (Combined SG & Individual)

	_	otal 2020 MPM / %
<u>Traditional MLR Development</u>		
Paid Claims & Capitations (Post-3Rs)	\$	584.14
Total Revenue	\$	722.60
Traditional MLR (i.e. DICR)		80.8%
<u>Federal MLR Development</u>		
November Adiostropata		
Numerator Adjustments	_	0.05
BlueRewards/Incentive Program	\$	0.35
Quality Improvement Expenses	\$	3.41
temoval of non-care costs under MLR guidelines	\$	(6.95)
Denominator Adjustments		
Denominator Adjustments	_	40.00
Non-ACA Taxes & Fees	\$	19.02
ACA Taxes & Fees	\$	24.41
- 1 1-11-1		500.04
Federal MLR Numerator	\$	580.94
Federal MLR Denominator	\$	679.17
Federal MLR		85.5%
Projected Member Months		348,236

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On	Regional Preferred (RPN)	\$675.84	0.8316	1.0000	0.9790	1.0002	1.2415	\$683.21
78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On	Regional Preferred (RPN)	\$675.84	0.8522	1.0000	0.9790	1.0002	1.2415	\$700.12
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7593	1.0000	0.9340	1.0002	1.2415	\$595.12
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7407	1.0000	0.9340	1.0002	1.2415	\$580.61
78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On	Regional Preferred (RPN)	\$675.84	0.9393	1.0000	1.0430	1.0002	1.2415	\$822.17
78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On	Regional Preferred (RPN)	\$675.84	0.8999	1.0000	1.0430	1.0002	1.2415	\$787.72
78079DC0220026	BluePreferred PPO Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7195	1.0000	0.9340	1.0002	1.2415	\$564.00
78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On	Regional Preferred (RPN)	\$675.84	0.8167	1.0000	0.9790	1.0002	1.2415	\$670.98
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On	Regional Preferred (RPN)	\$675.84	0.8046	1.0000	0.9790	1.0002	1.2415	\$661.08
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7052	1.0000	0.9340	1.0002	1.2415	\$552.72
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7604	1.0000	0.9340	1.0002	1.2415	\$595.99
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7081	1.0000	0.9340	1.0002	1.2415	\$555.02

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
78079DC0220020	BluePreferred PPO Gold 1000	0.8197
78079DC0220021	BluePreferred PPO Gold 500	0.8199
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.7176
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.7194
78079DC0220024	BluePreferred PPO Platinum 0	0.9198
78079DC0220025	BluePreferred PPO Platinum 500	0.9108
78079DC0220026	BluePreferred PPO Silver 1500	0.7190
78079DC0220031	BluePreferred PPO Gold 1500	0.8197
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.8127
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	0.7191
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.7198
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	0.7187

Exhibit 13 - Age Calibration

	Age Curve Calibration							
	Period	Cohort	Rating Factor*	Weight	Average Age**			
(1)	Rating Period	Existing	1.0771	90.2%				
		New	0.9787	7.8%				
		Transfer	0.9404	2.0%				
(2)	Rating Period	All	1.0667	100.0%	42.3			
(3)	Nearest Rounded	All	1.0530		42.0			
(4)	Calibration***	All	0.9871					

(3)/(2)

	Premium Rate Demonstration					
	HIOS Plan Name	BluePreferred PPO Gold 1000				
(5)	Plan Adjusted Index Rate	\$674.43				
(6)	Calibration	0.9871	(4)			
(7)	Calibrated Rate	\$665.75	(5)*(6)			
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259				
(9)	Age 40 Premium Rate	\$616.44	(7)*(8)			

^{*}Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

^{**}The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

^{***}Applied uniformly to all plans

Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	
_	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
	2.020
60	
61	2.181
62	2.181
63	2.181
64+	2.181

Exhibit 15 - Induced Utilization Factors

	Projected Membe	er	
CDH/Non-CDH	Months	Relative to HSA/HRA	Relative to Average*
HSA/HRA	34,622	1.0000	1.0000
Non-CDH	313,614	1.0000	1.0000
	348,236	1.0000	
	Projected Membe	er	
Metal Level	Months	Relative to Bronze	Relative to Average*
Catastrophic	0	1.0000	0.9069
Bronze	17,825	1.0000	0.9069
Silver	52,264	1.0300	0.9341
Gold	107,554	1.0800	0.9794
Platinum	170,593	1.1500	1.0429
Total	348,236	1.1027	

^{*}Factors are applied as plan level adjustments

Appendix - Experience Period to Rating Period Plan Mappings

		xp. Period			Current Period		Rating Period
2017 Base HIOS Plan ID	2017 HIOS Plan Name	2018 Base HIOS Plan ID	2018 HIOS Plan Name	2019 Base HIOS Plan ID	2019 HIOS Plan Name	2020 Base HIOS Plan ID	2020 HIOS Plan Name
8079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000
8079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500
8079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1500
78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%
8079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%
8079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA
						78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	-	-	n/a
Base Rate	Silver Members/Avg Renewal	2,332	2,244	17.8%
Base Rate	Gold Members/Avg Renewal	7,974	7,916	20.1%
Base Rate	Platinum Members/Avg Renewal	12,250	11,703	17.5%
Base Rate	All Members/Avg Renewal	22,556	21,863	18.5%
Base Rate	Minimum Renewal			14.6%
Base Rate	Maximum Renewal			32.7%

2019 HIOS Plan ID	2019 HIOS Plan Name	2019 Metal Level	2019 Marketplace Indicator	2020 HIOS Plan ID	2020 HIOS Plan Name	2020 Metal Level	2020 Marketplace Indicator	Current Month Member Count	Projected 2019 EOY Members	1Q2019 Base Rate	1Q2020 Base Rate	Annual Rate Change
78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	2,310.00	2,256	\$542.30	\$640.48	18.1%
78079DC0220021	BluePreferred PPO Gold 500	GOLD	Ön	78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	2,909.00	2,952	\$556.58	\$656.33	17.9%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	611.00	580	\$471.08	\$557.90	18.4%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	Ön	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	673.00	646	\$456.95	\$544.29	19.1%
78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	8,498.00	8,135	\$656.16	\$770.74	17.5%
78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	Ön	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	3,269.00	3,092	\$630.22	\$738.45	17.2%
78079DC0220026	BluePreferred PPO Silver 1000	SILVER	On	78079DC0220026	BluePreferred PPO Silver 1500	SILVER	On	416.00	416	\$461.24	\$528.72	14.6%
78079DC0220027	HealthyBlue PPO Gold 1500	GOLD	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	1,171.00	1,140	\$556.37	\$738.45	32.7%
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	166.00	152	\$467.74	\$544.29	16.4%
78079DC0220030	HealthyBlue PPO Platinum 500	PLATINUM	Ön	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	483.00	476	\$637.46	\$770.74	20.9%
78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	1,288.00	1,265	\$534.44	\$629.01	17.7%
78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	Ön	78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	296.00	303	\$522.60	\$619.73	18.6%
78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	SILVER	On	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	SILVER	On	98.00	100	\$435.73	\$518.15	18.9%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	368.00	350	\$471.57	\$558.71	18.5%

Appendix - Quarterly Rate Change Adjustment Factors

	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
Quarter	Market Adj.	Admin Load	Plan Adjusted Index
Quui tei	Index Rate	Factor	Rates
2Q20	2.0%	-0.2%	1.8%
3Q20	2.0%	-0.2%	1.8%
4Q20	2.0%	-0.2%	1.8%

The changes above are relative to the preceding quarter and no other changes factor into the 2Q, 3Q and 4Q rates.

Appendix - Maximum Rate Renewal

	2019	2020	% Change
Base Rate	\$556.37	\$738.45	32.7%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$363.87	\$536.85	47.5%

	HealthyBlue PPO	BluePreferred PPO
Base Rate/Product(s)	Gold 1500	Platinum 500
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

^{*}we did not geo rate

^{**}we did not tobacco rate

Appendix - Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows: CFBC-131927480

ON-Exchange

Product: BluePreferred

Network: Regional Preferred (RPN)

DC/CF/SHOP/GC (R. 1/19)

DC/CF/SHOP/PPO/EOC (R. 1/20)

DC/GHMSI/DOL APPEAL (R. 1/17)

DC/CF/SHOP/PPO/DOCS (R. 1/20)

DC/CF/BP PPO/1000 90-70 (1/20)

DC/CF/BP PPO BF HSA/SIL 1500 (1/20)

DC/CF/BP PPO CDH/2300 80-60 (1/20)

DC/CF/BP PPO CDH/SIL 1500 (1/20) DC/CF/BP PPO CDH/SIL 2000 (1/20)

DC/CF/BP PPO CDH/SIL 2000 70 (1/20)

DC/CF/BP PPO/GOLD 500 (1/20)

DC/CF/BP PPO/GOLD 1000 (1/20)

DC/CF/BP PPO/GOLD 1500 (1/20)

DC/CF/BP PPO/PLAT 0 (1/20)

DC/CF/BP PPO/PLAT 500 (1/20)

DC/CF/BP PPO/SIL 1500 (1/20)

DC/CF/SHOP/ELIG (R. 1/20)

DC/CF/FAM PLAN/FED (R. 1/20)

DC/CF/BLCRD (R. 6/18)

DC/CF/MEM/BLCRD (R. 6/18)

DC/CF/ANCILLARY AMEND (10/12)

DC/CF/SG/AUTH AMEND/PPO (1/20)

DC/CF/PT PROTECT (9/10)

DC/GHMSI-HEALTH GUARANTEE 6/18

DC/CF/SG/INCENT (R. 1/20)

DC/CF/PARTNER (R. 7/09)

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Inpatient Hospital	\$4,127,745	\$0	Admits	245
201602	38,265	Inpatient Hospital	\$3,417,288	\$0	Admits	166
201603	38,703	Inpatient Hospital	\$4,841,680	\$0	Admits	213
201604	38,577	Inpatient Hospital	\$3,121,911	\$0	Admits	209
201605	38,594	Inpatient Hospital	\$3,404,926	\$0	Admits	220
201606	38,590	Inpatient Hospital	\$3,724,703	\$0	Admits	209
201607	38,433	Inpatient Hospital	\$3,712,606	\$0	Admits	212
201608	37,664	Inpatient Hospital	\$4,755,472	\$0	Admits	229
201609	37,088	Inpatient Hospital	\$4,189,536	\$0	Admits	240
201610	37,022	Inpatient Hospital	\$4,045,847	\$0	Admits	235
201611	36,181	Inpatient Hospital	\$3,452,924	\$0	Admits	219
201612	33,439	Inpatient Hospital	\$2,200,133	\$0	Admits	160
201701	34,634	Inpatient Hospital	\$5,559,295	\$0	Admits	184
201702	35,060	Inpatient Hospital	\$2,633,354	\$0	Admits	155
201703	35,518	Inpatient Hospital	\$3,626,691	\$0	Admits	188
201704	35,484	Inpatient Hospital	\$3,820,784	\$0	Admits	193
201705	35,621	Inpatient Hospital	\$3,080,398	\$0	Admits	182
201706	35,341	Inpatient Hospital	\$3,966,545	\$0	Admits	198
201707	35,409	Inpatient Hospital	\$2,730,444	\$0	Admits	176
201708	35,596	Inpatient Hospital	\$3,425,404	\$0	Admits	193
201709	35,575	Inpatient Hospital	\$3,038,097	\$0	Admits	223
201710	35,395	Inpatient Hospital	\$2,498,591	\$0	Admits	179
201711	35,242	Inpatient Hospital	\$3,003,601	\$0	Admits	237
201712	34,727	Inpatient Hospital	\$2,842,676	\$0	Admits	158
201801	34,450	Inpatient Hospital	\$3,917,134	\$0	Admits	223
201802	34,315	Inpatient Hospital	\$3,905,650	\$0	Admits	249
201803	34,168	Inpatient Hospital	\$3,760,983	\$0	Admits	242
201804	33,858	Inpatient Hospital	\$3,575,961	\$0	Admits	286
201805	33,816	Inpatient Hospital	\$2,997,459	\$0	Admits	329
201806	33,246	Inpatient Hospital	\$3,403,618	\$0	Admits	240
201807	32,849	Inpatient Hospital	\$3,494,788	\$0	Admits	299
201808	32,747	Inpatient Hospital	\$3,214,704	\$0	Admits	225
201809	32,524	Inpatient Hospital	\$2,795,780	\$0	Admits	263
201810	32,341	Inpatient Hospital	\$4,016,932	\$0	Admits	383
201811	31,817	Inpatient Hospital	\$3,339,762	\$0	Admits	299
201812	30,539	Inpatient Hospital	\$2,418,149	\$0	Admits	177
201901	31,131	Inpatient Hospital	\$2,999,030	\$0	Admits	207
201902	31,166	Inpatient Hospital	\$1,692,955	\$0	Admits	167

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Outpatient Hospital	\$4,496,040	\$0	Visits	3,113
201602	38,265	Outpatient Hospital	\$4,331,267	\$0	Visits	3,238
201603	38,703	Outpatient Hospital	\$4,810,896	\$0	Visits	3,334
201604	38,577	Outpatient Hospital	\$4,401,255	\$0	Visits	3,236
201605	38,594	Outpatient Hospital	\$4,249,581	\$0	Visits	3,251
201606	38,590	Outpatient Hospital	\$4,454,837	\$0	Visits	3,330
201607	38,433	Outpatient Hospital	\$3,960,707	\$0	Visits	3,087
201608	37,664	Outpatient Hospital	\$4,096,714	\$0	Visits	3,258
201609	37,088	Outpatient Hospital	\$4,008,749	\$0	Visits	3,135
201610	37,022	Outpatient Hospital	\$3,941,051	\$0	Visits	3,137
201611	36,181	Outpatient Hospital	\$4,459,207	\$0	Visits	3,098
201612	33,439	Outpatient Hospital	\$3,739,120	\$0	Visits	2,781
201701	34,634	Outpatient Hospital	\$4,057,349	\$0	Visits	2,895
201702	35,060	Outpatient Hospital	\$4,190,752	\$0	Visits	2,674
201703	35,518	Outpatient Hospital	\$4,524,402	\$0	Visits	2,947
201704	35,484	Outpatient Hospital	\$3,896,380	\$0	Visits	2,618
201705	35,621	Outpatient Hospital	\$4,116,207	\$0	Visits	2,796
201706	35,341	Outpatient Hospital	\$4,023,159	\$0	Visits	2,608
201707	35,409	Outpatient Hospital	\$3,619,244	\$0	Visits	2,406
201708	35,596	Outpatient Hospital	\$3,811,604	\$0	Visits	2,630
201709	35,575	Outpatient Hospital	\$3,392,730	\$0	Visits	2,498
201710	35,395	Outpatient Hospital	\$3,907,081	\$0	Visits	2,766
201711	35,242	Outpatient Hospital	\$3,873,352	\$0	Visits	2,623
201712	34,727	Outpatient Hospital	\$3,821,853	\$0	Visits	2,544
201801	34,450	Outpatient Hospital	\$4,145,249	\$0	Visits	2,766
201802	34,315	Outpatient Hospital	\$3,530,796	\$0	Visits	2,559
201803	34,168	Outpatient Hospital	\$4,432,796	\$0	Visits	2,833
201804	33,858	Outpatient Hospital	\$4,059,990	\$0	Visits	2,887
201805	33,816	Outpatient Hospital	\$4,279,555	\$0	Visits	3,018
201806	33,246	Outpatient Hospital	\$3,899,027	\$0	Visits	2,709
201807	32,849	Outpatient Hospital	\$3,768,547	\$0	Visits	2,627
201808	32,747	Outpatient Hospital	\$4,175,602	\$0	Visits	2,808
201809	32,524	Outpatient Hospital	\$3,884,221	\$0	Visits	2,561
201810	32,341	Outpatient Hospital	\$4,594,827	\$0	Visits	2,904
201811	31,817	Outpatient Hospital	\$4,376,472	\$0	Visits	2,763
201812	30,539	Outpatient Hospital	\$3,766,843	\$0	Visits	2,672
201901	31,131	Outpatient Hospital	\$5,102,979	\$0	Visits	3,363
201902	31,166	Outpatient Hospital	\$4,292,168	\$0	Visits	3,594

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Professional	\$6,361,447	\$0	Visits	33,584
201602	38,265	Professional	\$6,263,374	\$0	Visits	35,866
201603	38,703	Professional	\$6,758,237	\$0	Visits	39,276
201604	38,577	Professional	\$6,270,273	\$0	Visits	36,871
201605	38,594	Professional	\$6,512,000	\$0	Visits	37,220
201606	38,590	Professional	\$6,716,130	\$0	Visits	37,757
201607	38,433	Professional	\$5,841,690	\$0	Visits	33,628
201608	37,664	Professional	\$6,630,488	\$0	Visits	37,457
201609	37,088	Professional	\$6,356,858	\$0	Visits	36,008
201610	37,022	Professional	\$6,344,014	\$0	Visits	37,081
201611	36,181	Professional	\$6,082,871	\$0	Visits	35,201
201612	33,439	Professional	\$5,170,920	\$0	Visits	30,263
201701	34,634	Professional	\$6,282,912	\$0	Visits	34,080
201702	35,060	Professional	\$5,890,052	\$0	Visits	32,495
201703	35,518	Professional	\$6,375,824	\$0	Visits	36,568
201704	35,484	Professional	\$5,911,904	\$0	Visits	32,506
201705	35,621	Professional	\$6,307,231	\$0	Visits	36,120
201706	35,341	Professional	\$6,248,359	\$0	Visits	34,718
201707	35,409	Professional	\$5,620,862	\$0	Visits	31,554
201708	35,596	Professional	\$6,514,631	\$0	Visits	35,766
201709	35,575	Professional	\$5,853,789	\$0	Visits	33,408
201710	35,395	Professional	\$6,160,207	\$0	Visits	36,864
201711	35,242	Professional	\$6,150,975	\$0	Visits	35,104
201712	34,727	Professional	\$5,550,245	\$0	Visits	31,969
201801	34,450	Professional	\$7,262,253	\$0	Visits	37,013
201802	34,315	Professional	\$5,974,340	\$0	Visits	32,931
201803	34,168	Professional	\$6,427,030	\$0	Visits	34,562
201804	33,858	Professional	\$6,317,220	\$0	Visits	33,944
201805	33,816	Professional	\$6,459,284	\$0	Visits	35,450
201806	33,246	Professional	\$5,924,674	\$0	Visits	32,633
201807	32,849	Professional	\$5,758,870	\$0	Visits	31,667
201808	32,747	Professional	\$6,105,128	\$0	Visits	34,038
201809	32,524	Professional	\$5,556,646	\$0	Visits	31,707
201810	32,341	Professional	\$7,001,787	\$0	Visits	40,270
201811	31,817	Professional	\$5,980,789	\$0	Visits	34,411
201812	30,539	Professional	\$5,253,159	\$0	Visits	30,488
201901	31,131	Professional	\$7,191,889	\$0	Visits	40,982
201902	31,166	Professional	\$8,796,467	\$0	Visits	54,695

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Other Medical	\$1,054,241	\$0	Services	4,714
201602	38,265	Other Medical	\$1,137,985	\$0	Services	4,888
201603	38,703	Other Medical	\$1,290,472	\$0	Services	5,543
201604	38,577	Other Medical	\$1,092,431	\$0	Services	5,225
201605	38,594	Other Medical	\$1,257,315	\$0	Services	5,420
201606	38,590	Other Medical	\$1,532,198	\$0	Services	5,635
201607	38,433	Other Medical	\$1,205,923	\$0	Services	4,851
201608	37,664	Other Medical	\$1,383,881	\$0	Services	6,057
201609	37,088	Other Medical	\$1,216,169	\$0	Services	4,588
201610	37,022	Other Medical	\$1,055,667	\$0	Services	4,729
201611	36,181	Other Medical	\$1,248,924	\$0	Services	4,575
201612	33,439	Other Medical	\$1,280,818	\$0	Services	4,265
201701	34,634	Other Medical	\$1,130,211	\$0	Services	4,368
201702	35,060	Other Medical	\$993,630	\$0	Services	4,275
201703	35,518	Other Medical	\$990,037	\$0	Services	4,656
201704	35,484	Other Medical	\$969,583	\$0	Services	4,195
201705	35,621	Other Medical	\$1,150,882	\$0	Services	4,453
201706	35,341	Other Medical	\$1,040,706	\$0	Services	4,638
201707	35,409	Other Medical	\$1,052,573	\$0	Services	4,047
201708	35,596	Other Medical	\$1,108,749	\$0	Services	5,038
201709	35,575	Other Medical	\$896,704	\$0	Services	4,130
201710	35,395	Other Medical	\$1,109,492	\$0	Services	4,425
201711	35,242	Other Medical	\$1,173,715	\$0	Services	4,268
201712	34,727	Other Medical	\$1,116,738	\$0	Services	4,451
201801	34,450	Other Medical	\$1,200,430	\$0	Services	5,008
201802	34,315	Other Medical	\$1,065,688	\$0	Services	4,485
201803	34,168	Other Medical	\$1,268,262	\$0	Services	4,796
201804	33,858	Other Medical	\$1,423,775	\$0	Services	4,569
201805	33,816	Other Medical	\$1,487,415	\$0	Services	4,541
201806	33,246	Other Medical	\$1,215,345	\$0	Services	4,455
201807	32,849	Other Medical	\$1,337,617	\$0	Services	4,679
201808	32,747	Other Medical	\$1,357,603	\$0	Services	4,989
201809	32,524	Other Medical	\$1,348,440	\$0	Services	4,141
201810	32,341	Other Medical	\$1,270,027	\$0	Services	4,595
201811	31,817	Other Medical	\$1,316,678	\$0	Services	4,265
201812	30,539	Other Medical	\$959,859	\$0	Services	3,946
201901	31,131	Other Medical	\$1,132,306	\$0	Services	4,851
201902	31,166	Other Medical	\$1,482,880	\$0	Services	6,188

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Prescription Drug	\$4,649,261	\$690,399	Scripts	29,223
201602	38,265	Prescription Drug	\$5,016,477	\$693,409	Scripts	30,874
201603	38,703	Prescription Drug	\$5,818,341	\$698,107	Scripts	33,709
201604	38,577	Prescription Drug	\$5,531,525	\$718,089	Scripts	31,487
201605	38,594	Prescription Drug	\$5,508,276	\$718,470	Scripts	32,149
201606	38,590	Prescription Drug	\$6,129,693	\$718,485	Scripts	31,697
201607	38,433	Prescription Drug	\$5,907,597	\$749,972	Scripts	30,176
201608	37,664	Prescription Drug	\$6,087,857	\$734,809	Scripts	31,609
201609	37,088	Prescription Drug	\$5,244,426	\$724,506	Scripts	29,768
201610	37,022	Prescription Drug	\$5,659,659	\$674,586	Scripts	30,018
201611	36,181	Prescription Drug	\$5,283,439	\$655,166	Scripts	30,101
201612	33,439	Prescription Drug	\$5,400,705	\$611,538	Scripts	29,430
201701	34,634	Prescription Drug	\$5,371,178	\$701,226	Scripts	29,438
201702	35,060	Prescription Drug	\$5,309,336	\$710,546	Scripts	27,622
201703	35,518	Prescription Drug	\$6,012,900	\$719,893	Scripts	30,935
201704	35,484	Prescription Drug	\$5,446,277	\$820,510	Scripts	28,544
201705	35,621	Prescription Drug	\$6,420,769	\$823,327	Scripts	30,919
201706	35,341	Prescription Drug	\$5,987,107	\$819,105	Scripts	29,399
201707	35,409	Prescription Drug	\$5,666,465	\$805,808	Scripts	28,583
201708	35,596	Prescription Drug	\$6,648,886	\$809,751	Scripts	30,004
201709	35,575	Prescription Drug	\$5,831,784	\$809,199	Scripts	28,261
201710	35,395	Prescription Drug	\$6,184,202	\$788,438	Scripts	30,314
201711	35,242	Prescription Drug	\$5,932,303	\$783,775	Scripts	29,707
201712	34,727	Prescription Drug	\$5,865,938	\$773,343	Scripts	30,272
201801	34,450	Prescription Drug	\$6,042,499	\$790,249	Scripts	30,380
201802	34,315	Prescription Drug	\$5,529,807	\$786,044	Scripts	26,674
201803	34,168	Prescription Drug	\$6,060,368	\$782,434	Scripts	28,682
201804	33,858	Prescription Drug	\$6,102,508	\$816,433	Scripts	27,735
201805	33,816	Prescription Drug	\$6,332,155	\$816,263	Scripts	29,371
201806	33,246	Prescription Drug	\$5,948,600	\$802,829	Scripts	26,878
201807	32,849	Prescription Drug	\$5,988,397	\$773,496	Scripts	26,565
201808	32,747	Prescription Drug	\$6,286,527	\$771,235	Scripts	27,241
201809	32,524	Prescription Drug	\$5,567,124	\$766,494	Scripts	24,809
201810	32,341	Prescription Drug	\$6,690,711	\$739,875	Scripts	28,347
201811	31,817	Prescription Drug	\$5,915,216	\$728,098	Scripts	26,420
201812	30,539	Prescription Drug	\$5,789,188	\$699,449	Scripts	25,424
201901	31,131	Prescription Drug	\$5,911,954		Scripts	26,736
201902	31,166	Prescription Drug	\$5,495,593		Scripts	24,562

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Capitations	\$43,916	\$0	Benefit Period	37,936
201602	38,265	Capitations	\$45,051	\$0	Benefit Period	38,265
201603	38,703	Capitations	\$46,272	\$0	Benefit Period	38,703
201604	38,577	Capitations	\$46,139	\$0	Benefit Period	38,577
201605	38,594	Capitations	\$46,300	\$0	Benefit Period	38,594
201606	38,590	Capitations	\$46,377	\$0	Benefit Period	38,590
201607	38,433	Capitations	\$46,278	\$0	Benefit Period	38,433
201608	37,664	Capitations	\$45,684	\$0	Benefit Period	37,664
201609	37,088	Capitations	\$45,317	\$0	Benefit Period	37,088
201610	37,022	Capitations	\$45,380	\$0	Benefit Period	37,022
201611	36,181	Capitations	\$44,549	\$0	Benefit Period	36,181
201612	33,439	Capitations	\$41,799	\$0	Benefit Period	33,439
201701	34,634	Capitations	\$43,370	\$0	Benefit Period	34,634
201702	35,060	Capitations	\$44,804	\$0	Benefit Period	35,060
201703	35,518	Capitations	\$46,237	\$0	Benefit Period	35,518
201704	35,484	Capitations	\$46,080	\$0	Benefit Period	35,484
201705	35,621	Capitations	\$46,147	\$0	Benefit Period	35,621
201706	35,341	Capitations	\$45,868	\$0	Benefit Period	35,341
201707	35,409	Capitations	\$45,851	\$0	Benefit Period	35,409
201708	35,596	Capitations	\$45,956	\$0	Benefit Period	35,596
201709	35,575	Capitations	\$45,955	\$0	Benefit Period	35,575
201710	35,395	Capitations	\$45,636	\$0	Benefit Period	35,395
201711	35,242	Capitations	\$45,299	\$0	Benefit Period	35,242
201712	34,727	Capitations	\$44,580	\$0	Benefit Period	34,727
201801	34,450	Capitations	\$37,340	\$0	Benefit Period	34,450
201802	34,315	Capitations	\$37,280	\$0	Benefit Period	34,315
201803	34,168	Capitations	\$37,247	\$0	Benefit Period	34,168
201804	33,858	Capitations	\$36,849	\$0	Benefit Period	33,858
201805	33,816	Capitations	\$36,429	\$0	Benefit Period	33,816
201806	33,246	Capitations	\$35,980	\$0	Benefit Period	33,246
201807	32,849	Capitations	\$35,624	\$0	Benefit Period	32,849
201808	32,747	Capitations	\$35,423	\$0	Benefit Period	32,747
201809	32,524	Capitations	\$35,102	\$0	Benefit Period	32,524
201810	32,341	Capitations	\$34,807	\$0	Benefit Period	32,341
201811	31,817	Capitations	\$34,240	\$0	Benefit Period	31,817
201812	30,539	Capitations	\$33,263	\$0	Benefit Period	30,539
201901	31,131	Capitations	\$40,271	\$0	Benefit Period	31,131
201902	31,166	Capitations	\$40,098	\$0	Benefit Period	31,166

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201601	37,936	22,355	\$20,732,649	\$690,399	\$20,042,250	\$16,728,055	\$19,448,623	86.0%
201602	38,265	22,688	\$20,211,442	\$693,409	\$19,518,033	\$16,668,336	\$19,693,775	84.6%
201603	38,703	23,059	\$23,565,899	\$698,107	\$22,867,792	\$20,040,406	\$19,812,738	101.1%
201604	38,577	23,008	\$20,463,534	\$718,089	\$19,745,445	\$17,198,678	\$19,815,763	86.8%
201605	38,594	23,046	\$20,978,398	\$718,470	\$20,259,927	\$17,846,952	\$19,755,680	90.3%
201606	38,590	23,045	\$22,603,939	\$718,485	\$21,885,454	\$19,510,240	\$19,841,586	98.3%
201607	38,433	22,956	\$20,674,800	\$749,972	\$19,924,827	\$17,812,077	\$19,708,089	90.4%
201608	37,664	22,606	\$23,000,097	\$734,809	\$22,265,288	\$20,088,543	\$19,289,455	104.1%
201609	37,088	22,256	\$21,061,055	\$724,506	\$20,336,549	\$18,248,928	\$19,027,046	95.9%
201610	37,022	22,245	\$21,091,618	\$674,586	\$20,417,033	\$18,427,936	\$18,944,496	97.3%
201611	36,181	21,750	\$20,571,915	\$655,166	\$19,916,748	\$17,977,544	\$18,622,472	96.5%
201612	33,439	20,363	\$17,833,495	\$611,538	\$17,221,957	\$15,219,439	\$17,528,299	86.8%
201701	34,634	21,490	\$22,444,315	\$701,226	\$21,743,088	\$18,710,262	\$17,762,165	105.3%
201702	35,060	21,882	\$19,061,928	\$710,546	\$18,351,382	\$15,918,664	\$17,915,231	88.9%
201703	35,518	22,301	\$21,576,091	\$719,893	\$20,856,197	\$18,244,058	\$18,081,461	100.9%
201704	35,484	22,245	\$20,091,008	\$820,510	\$19,270,498	\$17,029,999	\$18,194,385	93.6%
201705	35,621	22,351	\$21,121,634	\$823,327	\$20,298,306	\$17,977,154	\$18,064,635	99.5%
201706	35,341	22,149	\$21,311,745	\$819,105	\$20,492,640	\$18,228,171	\$17,988,169	101.3%
201707	35,409	22,091	\$18,735,440	\$805,808	\$17,929,632	\$15,811,319	\$17,988,136	87.9%
201708	35,596	22,151	\$21,555,231	\$809,751	\$20,745,479	\$18,551,198	\$18,117,121	102.4%
201709	35,575	22,178	\$19,059,059	\$809,199	\$18,249,859	\$16,202,134	\$18,145,275	89.3%
201710	35,395	22,069	\$19,905,209	\$788,438	\$19,116,771	\$16,947,172	\$17,989,450	94.2%
201711	35,242	21,906	\$20,179,245	\$783,775	\$19,395,469	\$17,279,474	\$17,951,225	96.3%
201712	34,727	21,591	\$19,242,030	\$773,343	\$18,468,687	\$16,314,244	\$17,783,963	91.7%
201801	34,450	21,572	\$22,604,906	\$790,249	\$21,814,657	\$18,598,592	\$18,734,165	99.3%
201802	34,315	21,464	\$20,043,561	\$786,044	\$19,257,517	\$16,780,560	\$18,618,596	90.1%
201803	34,168	21,364	\$21,986,688	\$782,434	\$21,204,254	\$18,678,420	\$18,629,851	100.3%
201804	33,858	21,190	\$21,516,304	\$816,433	\$20,699,871	\$18,297,982	\$18,648,531	98.1%
201805	33,816	21,060	\$21,592,297	\$816,263	\$20,776,034	\$18,382,077	\$18,593,910	98.9%
201806	33,246	20,721	\$20,427,243	\$802,829	\$19,624,414	\$17,509,772	\$18,550,209	94.4%
201807	32,849	20,479	\$20,383,843	\$773,496	\$19,610,347	\$17,636,854	\$18,302,388	96.4%
201808	32,747	20,324	\$21,174,989	\$771,235	\$20,403,753	\$18,366,182	\$18,332,555	100.2%
201809	32,524	20,092	\$19,187,313	\$766,494	\$18,420,819	\$16,543,855	\$18,476,110	89.5%
201810	32,341	20,014	\$23,609,091	\$739,875	\$22,869,217	\$20,690,002	\$18,316,593	113.0%
201811	31,817	19,703	\$20,963,157	\$728,098	\$20,235,059	\$18,344,918	\$18,223,069	100.7%
201812	30,539	18,966	\$18,220,461	\$699,449	\$17,521,012	\$15,673,798	\$18,273,317	85.8%
201901	31,131	19,606	\$22,378,428		\$22,378,428	\$19,305,493	\$18,948,090	101.9%
201902	31,166	19,608	\$21,800,160		\$21,800,160	\$18,629,346	\$18,848,930	98.8%

CareFirst BlueCross BlueShield Part III Actuarial Memorandum

4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

4.2 General Information Section

Company Identifying Information:

- Company Legal Name: Group Hospitalization and Medical Services, Inc. (GHMSI) NAIC # 53007
- State: District of ColumbiaHIOS Issuer ID: 78079
- Market: Small Groups (On Exchange)
- Effective Date: 1/1/20 and quarterly incremental "trend" increases effective 4/1/20, 7/1/20 and 10/1/20.
- Company Filing Number: 2344
- SERFF Filing Number: CFAP-131941267

Company Contact Information:

- Primary Contact Name: Mr. Dwayne Lucado, FSA, MAAA
- Primary Contact Telephone Number: 410-998-7519
- Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com

4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 21.6% on average for 1Q20. The range is 17.7% to 36.3%. The estimated average base rate changes for 2Q20, 3Q20, and 4Q20 are 20.8%, 20.4% and 19.7%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 12,574.

Reason for Rate Change(s):

The main drivers supporting the rate change are the deterioration in the base period experience of the combined pool, the re-introduction of the Health Insurer Fee in 2020, and the increase in contribution to reserve. But the main impact is due to this filing containing combined risk adjustment, with the State average factors being the same for both Individual and Small Group.

4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/18 through 12/31/18, as required.

Paid Through Date: 2/28/19 Current Date: 2/28/19

Premiums (prior to MLR rebates) in Experience Period: \$221,699,296

Experience Period Member Months: 396,670

Current Date Members: 31,164

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

Processed through issuer's claim system: \$242,436,955

• Processed outside issuer's claim system: \$0

• IBNR: \$2,919,239

Incurred Claims

Processed through issuer's claim system: \$215.503.011

• Processed outside issuer's claim system: \$0

• IBNR: \$2,593,187

Method used for determining Allowed Claims

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

Support for IBNR estimates

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

4.4.2 Benefit Categories

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

4.4.3 Projection Factors

4.4.3.1 Trend Factors

Trend Factors (Cost/Utilization):

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 8.4%, which is less than a point increase compared to the 7.5% trend assumed in our prior filing. Current observed medical trends as of 201812 are 10.5%, up from -1.1% in 201712. The current observed drug trends are 9.2% as of 201812, down from 13.5% in 201712.

We note that the current drug observed trend as of 201812 is artificially depressed due to a structural formulary change effective 201801. The adjusted observed drug trend as of 201812 is 12.0%. The adjusted aggregate medical and drug trend is 10.9%.

When normalized for induced demand, network, and demographics, the composite 10.9% observed trend decreases to 10.3%.

In addition, we sought industry data to help inform our trend assumption. The table below was developed from two different industry surveys from national consultants. The medical and drug trends reported were blended using our base period experience to estimate composite trends.

	2019 OW	Carrier Tre	nd Report	2019 Aon			
Percentile	HMO	PPO	CDH	HMO	PPO	CDH	Average
75th	8.2%	9.5%	9.9%	8.8%	9.2%	9.2%	9.1%
50th	7.5%	8.0%	8.3%	8.1%	7.6%	7.9%	7.9%
25th	5.3%	6.7%	6.7%	6.5%	6.1%	6.1%	6.2%

Based on this information we believe that our assumed 8.4% composite trend is well within the reasonable range of trend assumptions.

4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment:

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2020 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2019) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2020) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2018 to 2020 is expected to be 0.6%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

Demographic Shift:

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

Plan Design Changes:

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the

federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

Other Adjustments:

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

4.4.3.3 Manual Rate Adjustments

Not applicable, as experience was determined to be fully credible. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filing we are using a projection period ending with 3/31/2021 for our first quarter 2020 Index Rate Projection since business may be sold with this rate through 3/31/2020 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

4.4.3.4 Credibility of Experience

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

4.4.3.5 Establishing the Index Rate

The experience period index rate for this filing is \$610.55 and the projection period index rate is \$719.31. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

4.4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate for the Small Group market is \$696.14 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

Reinsurance

There are no reinsurance recoveries applicable to this market.

Risk Adjustment Payment/Charge:

The Experience Period Risk Adjustment transfers in the URRT are based on the most recent Wakely results.

Our projected 2020 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. The risk adjustment in this version of the filing is calculated on a "Combined" basis. We combined the Statewide elements, including members, Premium (PMPM), PLRS, ARF, GCF, IDF and AV. The PMPM and factors are weighted by members. Prior to this combination, the Small Group market had an expected increase in the Statewide PMPM of 17.1% (\$495.22/\$422.87) between 2020 and 2018. On a combined basis, the Statewide PMPM is expected to increase 16.1%, when compared to the Small Group market (\$490.96/\$422.87). The 2020 Statewide PLRS increases on a combined basis, from 1.156 (Statewide Small Group) to 1.176 (Statewide Combined). The PLRS for GHMSI Small Group remains the same at 1.309, and when compared to the combined statewide PLRS of 1.176 the segment is 11% sicker than the State (it was 13% sicker under separate risk

adjustment). The lower Statewide PMPM and higher statewide PLRS causes GHMSI Small Group to receive 47% less in risk adjustment dollars. The resultant estimate of combined risk adjustment is that the GHMSI receivable transfer PMPM for the Small Group market will decrease from \$36.59 in 2018 to \$21.30 in 2020, vs. \$39.83 (non-combined). \$21.30/\$39.83 = -47%. Based on the resulting change in combined risk adjustment and its effect on the rates we have made no adjustments to other assumptions in the filing.

Exchange User Fees:

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

4.4.4 Plan Adjusted Index Rate

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- Actuarial value and cost-sharing design of the plan: The actuarial value for each plan was
 determined using our own internal model and estimates the ratio of paid to allowed dollars given
 that plan's benefit design and the assumed allowed amount consistent with the projection period
 index rate. The URRT instructions state that this adjustment may "...take into account the benefit
 differences and utilization differences due to differences in cost-sharing." As a result, our plan
 adjusted index rates also include adjustments to account for the impact the metal level has on
 utilization.
- Provider network: All plans offered use the PPO network.
- **Benefits in addition to EHBs**: There is an adjustment to account for abortion coverage (which are offered in addition to EHBs).
- Administrative costs: See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
 - 1. Administrative Expense (G&A)
 - 2. Broker Commissions & Fees
 - 3. Federal Income Tax (FIT)
 - 4. Contribution to Reserve (Post-Tax)
 - 5. State Premium Tax
 - 6. Health Insurer Fee (HIF)
 - 7. Risk Adjustment User Fee
 - 8. Exchange Assessment Fee

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

4.4.5 Calibration

Age Curve Calibration

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found on Exhibit 13.

Geographic Factor Calibration

We have elected not to rate for geographic region.

Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

4.4.6 Consumer Adjusted Premium Rate Development

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

4.5 Projected Loss Ratio

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 85.7% for the Small Group market and 85.2% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

4.6 Plan Product Information

4.6.1 AV Metal Values

The majority of our 2020 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. The results were blended assuming 81% of the designated services are rendered in higher cost-share setting and the remaining 19% at the lower, consistent with experience from our small group and individual markets. Plans without these features used the AV calculator without modification

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing.

4.6.2 Membership Projections

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/28/19 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Small Group plans. Therefore, because of Individual being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

4.6.3 Plan Type

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

4.7 Miscellaneous Instructions

4.7.1 Effective Rate Review Information (Optional)

We have no additional exhibits.

4.7.2 Reliance

We do not have any reliance to state.

4.7.3 Actuarial Certification

Included in the Memorandum.

Group Hospitalization & Medical Services Inc. d.b.a. CareFirst BlueCross BlueShield (NAIC # 53007)

Rate Filing # 2344

D.C. Small Group Products

Rate Filing Effective 1/1/2020

Actuarial Memorandum

Group Hospitalization & Medical Services Inc.

(NAIC # 53007)

H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA) D.C. Small Group Products Rate Filing Effective 1/1/2020 Actuarial Certification

- I, Dwayne Lucado, am a(n) Sr. Actuary with CareFirst GHMSI doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.
- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality

Benefit Plans

- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and
- vii. ASOP No. 41, Actuarial Communications
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

- 1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1) and 147.102).
 - b. Developed in compliance with the applicable Actuarial Standards of Practice.
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - d. Neither excessive nor deficient.
- 2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
- 3. Consistent with 45 CFR § 156.135, the 2020 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado Date: 2019.05.24 11:17:11 -04'00'

Dwayne Lucado, FSA, MAAA Sr. Actuary CareFirst BlueCross BlueShield Mail Drop-Point 01-720 10455 Mill Run Circle Owings Mills, MD 21117

Exhibit 1 - Market Adjusted Index Rate Summary

		2020	Exhibit
(1)	Base Period Total Allowed	\$ 611.18	2
(2)	Base Period Non-EHB PMPM	\$ 0.63	2
(3)	Experience Period Index Rate	\$ 610.55	
(4)	Change in Morbidity	1.0063	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	1.0104	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9900	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	0.9962	7
(11)	Annualized Trend	8.4%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1750	
(14)	Projection Period Index Rate	\$ 719.31	
(15)	Risk Adjustment Program	0.9678	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 696.14	
	Without Risk Adjustment	\$ 719.31	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

Exhibit 2 - Base Period Experience

Service Category	I	ncurred Allowed	Allo	owed PMPM	Utilization Description	Utilization per 1,000	Average ost/Service
Inpatient Hospital	\$	40,840,921	\$	102.96	Admits	97.23	\$ 12,707.31
Outpatient Hospital	\$	48,913,925	\$	123.31	Visits	1,001.55	\$ 1,477.45
Professional	\$	74,021,182	\$	186.61	Visits	12,376.47	\$ 180.93
Other Medical	\$	15,251,140	\$	38.45	Services	1,647.78	\$ 280.00
Capitation	\$	429,583	\$	1.08	Benefit Period	1,000	\$ 13.00
Prescription Drug	\$	62,980,204	\$	158.77	Prescriptions	9,938.52	\$ 191.71
Total (EHB & Non-EHB)	\$	242,436,955	\$	611.18			
EHB Allowed	\$	242,188,128	\$	610.55			
Non-EHB Allowed	\$	248,827	\$	0.63			
Incurred Net	\$	215,503,011	\$	543.28			
Net/Allowed		88.89%					
Experience Period Member Months		396,670					
Experience Period Revenue	\$	221,699,296					

Exhibit 3 - Non-EHB Adjustment

		2020 (On-Exchange	2020 O		
(1)	Blended Index Rate	\$	736.53	\$	736.53	
(2)	Non-EHB PMPM	\$	0.13	\$	0.13	
(3)	Total	\$	736.66	\$	736.66	
(4)	Plan Level Adjustment		1.000		1.000	(3)/(1)

Base Year

Metal Level	Member Months	2018 Normalized Allowed PMPM			
Catastrophic		\$			
Bronze	22,490	\$	199.24		
Silver	64,807	\$	255.43		
Gold	126,784	\$	342.59		
Platinum	182,536	\$	375.60		
Subtotal	396 617	4	335 42		

Current Year YTD

Existing									
Metal Level	Member Months	2018 Normalized Allowed PMPM		Morbidity Adjustment	No	9 Adjusted ormalized wed PMPM			
Catastrophic	-	\$		1.000	\$	-			
Bronze	2,889	\$	184.99	1.000	\$	184.99			
Silver	8,023	\$	265.56	1.000	\$	265.56			
Gold	17,203	\$	342.74	1.000	\$	342.74			
Platinum	24,727	\$	378.71	1.000	\$	378.71			
Subtotal	52,842	\$	339.23	1.000	\$	339.23			

	New									
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allow PMPM		Morbidity Adjustment	N	19 Adjusted ormalized wed PMPM				
Catastrophic		\$		1.000	\$					
Bronze	351	\$	184.99	1.000	\$	184.99				
Silver	1,105	\$	265.56	1.000	\$	265.56				
Gold	2,823	\$	342.74	1.000	\$	342.74				
Platinum	3,467	\$	378.71	1.000	\$	378.71				
Subtotal	7,746	\$	340.68	1.000	\$	340.68				

Transfer									
Metal Level	Member Months		18 Normalized lowed PMPM	Morbidity Adjustment	No	9 Adjusted rmalized ved PMPM			
Catastrophic		\$	-	1.000	\$	-			
Bronze	122	\$	98.60	1.000	\$	98.60			
Silver	351	\$	212.42	1.000	\$	212.42			
Gold	653	\$	242.98	1.000	\$	242.98			
Platinum	629	\$	341.05	1.000	\$	341.05			
Subtotal	1,755	\$	261.98	1.000	\$	261.98			

	Total									
Metal Level	Member Months		018 Normalized Allowed PMPM	Morbidity Adjustment	N	19 Adjusted ormalized owed PMPM				
Catastrophic	-	\$	-	-	\$					
Bronze	3,362	\$	181.85	1.000	\$	181.85				
Silver	9,479	\$	263.60	1.000	\$	263.60				
Gold	20,679	\$	339.59	1.000	\$	339.59				
Platinum	28,823	\$	377.89	1.000	\$	377.89				
Subtotal	62,343	\$	337.24	1.000	\$	337.24				

Remainder of Current Year

Existing							
Metal Level	Member Months	2019 Adjusted Normalized Allower PMPM					
Catastrophic		\$	-				
Bronze	12,539	\$	184.99				
Silver	38,182	\$	265.56				
Gold	83,242	\$	342.74				
Platinum	124,113	\$	378.71				
Subtotal	258,076	\$	340.96				

	New								
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM							
Catastrophic		\$	-						
Bronze	2,504	\$	184.99						
Silver	5,822	\$	265.56						
Gold	15,748	\$	342.74						
Platinum	13,352	\$	378.71						
Subtotal	37,426	\$	333.01						

	Transfer								
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM							
Catastrophic		\$	-						
Bronze	590	\$	98.60						
Silver	1,612	\$	212.42						
Gold	3,120	\$	242.98						
Platinum	2,762	\$	341.05						
Subtotal	8,084	\$	259.85						

	Total		
Metal Level	Member Months	Normal	Adjusted lized Allowed PMPM
Catastrophic		\$	
Bronze	15,633	\$	181.7
Silver	45,616	\$	263.69
Gold	102,110	\$	339.69
Platinum	140,227	\$	377.97
Subtotal	303,586	\$	337.82

Total Current Year

Total	Member Months		019 Adjusted nalized Allowed PMPM
Catastrophic		\$	-
Bronze	18,995	\$	181.75
Silver	55,095	\$	263.67
Gold	122,789	\$	339.68
Platinum	169,050	\$	377.96
Subtotal	365 929	4	337 72

Rating Year

	Existing								
Metal Level	Member Months		Normalized wed PMPM	Morbidity Adjustment	No	0 Adjusted ormalized wed PMPN			
Catastrophic	-	\$	-	1.000	\$	-			
Bronze	15,063	\$	181.75	1.000	\$	181.75			
Silver	46,036	\$	263.67	1.000	\$	263.67			
Gold	95,947	\$	339.68	1.000	\$	339.68			
Platinum	157,108	\$	377.96	1.000	\$	377.96			
Subtotal	314,154	\$	340.11	1.000	\$	340.11			

New								
Metal Level	letal Level Member Months		xisting Cohort Adjusted Normalized Ilowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPN			
Catastrophic	-	\$	-	1.000	\$	-		
Bronze	2,450	\$	181.75	1.000	\$	181.75		
Silver	5,363	\$	263.67	1.000	\$	263.67		
Gold	9,051	\$	339.68	1.000	\$	339.68		
Platinum	10,210	\$	377.96	1.000	\$	377.96		
Subtotal	27,074	\$	324.77	1.000	\$	324.77		

Transfer									
Metal Level	Member Months	2019 Normalized Allowed PMPM		Morbidity Adjustment	No	0 Adjusted rmalized wed PMPM			
Catastrophic		\$	-	1.000	\$				
Bronze	312	\$	98.60	1.000	\$	98.60			
Silver	1,272	\$	212.42	1.000	\$	212.42			
Gold	2,556	\$	242.98	1.000	\$	242.98			
Platinum	2,868	\$	341.05	1.000	\$	341.05			
Subtotal	7,008	\$	271.14	1.000	\$	271.14			

	Total								
Metal Level	vel Member Months		Normalized owed PMPM	Morbidity Adjustment	No	0 Adjusted rmalized wed PMPN			
Catastrophic	-	\$	-	-	\$	-			
Bronze	17,825	\$	180.29	1.000	\$	180.29			
Silver	52,671	\$	262.43	1.000	\$	262.43			
Gold	107,554	\$	337.38	1.000	\$	337.38			
Platinum	170,186	\$	377.33	1.000	\$	377.33			
Subtotal	348,236	\$	337.53	1.000	\$	337.53			

Year	Adjusted alized PMPM	Year over Year Change
2018	\$ 335.42	n/a
2019	\$ 337.72	0.7%
2020	\$ 337.53	-0.1%

Morbidity Adjustment Change	0.6%
Morhidity Adjustment Factor	1 0062

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2018 (2) Projected 2020	84.13% 85.77%	1.1089 1.1204	
(3) Adjustment*		1.0104	(2)/(1)

^{*}Applied to all service categories except capitations

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.7147	100.0%	34.9
(2)	Rating Period	Existing	1.7185	90.2%	
		New	1.5115	7.8%	
		Transfer	1.4755	2.0%	
(3)	Rating Period	All	1.6975	100.0%	34.6
(4)	Demographic Adjustment***	All	0.9900		

(3)/(1)

^{*}Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

^{**}Average ages are member weighted

^{***}Applied to all service categories except capitations

Exhibit 7 - Factors for Additional "Other" Adjustments

	Capitation adjustment		
(1)	EP Capitation PMPM	\$ 0.55	
(2)	Projected Capitations PMPM	\$ 0.75	
(3)	Adjustment to Capitation Category	1.3459	(2)/(1)
	Drug Rebates adjustment		
(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$ 182.15	
(5)	Experience Pharmacy Rebates PMPM	\$ 23.38	
(6)	Projected Pharmacy Rebates PMPM	\$ 22.89	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$ 158.77	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$ 159.26	
(9)	Adjustment to Drug Category	1.0031	(8)/(7)
	Formulary Adjustments		
(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$ 182.15	
(11)	Ingredient cost Adjustment Factor	0.9840	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$ 179.24	(10)*(11)
(13)	Projection Period Pharmacy Rebates PMPM	\$ 22.89	
(14)	Adjustment to Drug Category	0.9817 [(1	12) - (13)]/[(10) - (13)]

	PMPM	Adjustment	
Inpatient Hospital	\$ 120.88	1.0000	
Outpatient Hospital	\$ 143.39	1.0000	
Professional	\$ 219.50	1.0000	
Other Medical	\$ 44.38	1.0000	
Capitation	\$ 0.55	1.3459	(3)
Prescription Drug	\$ 193.37	0.9847	(9)*(14)
Total	\$ 722.07	0.9962	

PMPM weights are set equal projected PMPM without "other" adj.

Exhibit 8 - Annual Trend Assumptions

	20:	18 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
	A	402.06	4.5.00/	4 0000	4 0000	4 0000
Inpatient Hospital	\$	102.96	16.8%	1.0800	1.0000	1.0800
Outpatient Hospital	\$	123.31	20.2%	1.0750	1.0000	1.0750
Professional	\$	186.61	30.5%	1.0600	1.0200	1.0812
Other Medical	\$	38.45	6.3%	1.0200	1.0500	1.0710
Capitation	\$	1.08	0.2%	1.0000	1.0000	1.0000
Prescription Drug	\$	158.77	26.0%	1.0000	1.1000	1.1000
Total	\$	611.18	100.0%			1.0838
Proposed Trend						1.0840

Exhibit 9 - Risk Adjustment

2018

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	РМРМ
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	35,807	12.2%	1.0861	1.1011	-\$610,357	-\$17.05
Gold	100,207	34.1%	1.3343	1.0426	\$3,280,915	\$32.74
Platinum	157,507	53.7%	1.5613	1.0620	\$8,068,916	\$51.23
Total	293,521	100.0%	1.4258	1.0601	\$10,739,474	\$36.59

Statewi				

Ctatav	hiv	DMDM	2010

Small Group	1,122,143	1.2892	1.0469	\$ 414.41

2020

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	26,502	10.5%	0.9704	1.1316	-\$1,343,830	-\$50.71
Gold	79,934	31.6%	1.2047	1.0448	\$1,409,349	\$17.63
Platinum	146,468	57.9%	1.4273	1.0744	\$5,322,159	\$36.34
Total	252,904	100.0%	1.3091	1.0710	\$5,387,678	\$21.30

Statewide 2020

Statewide PMPM 2020

Small Group	1,127,169	1.1760	1.0532	\$ 490.96

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate (Avg. 1Q-4Q)	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$736.53	\$23.90	\$ 0.18	0.9678

^{*}Adjustment Factor = (\$736.53 - \$23.9+ \$0.18) / \$736.53

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2020		2Q 2020		3Q 2020			4Q 2020			Total 2020			
	ı	PMPM	% of Revenue		PMPM	% of Revenue		PMPM	% of Revenue		PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims		\$727.60			\$742.42			\$757.54			\$772.98		\$ 751.59	
Paid/Allowed Ratio		88.11%			88.11%			88.11%			88.11%		88.1%	
Paid Claims & Capitations	\$	641.11		\$	654.16		\$	667.49		\$	681.09		\$ 662.25	
Risk Adjustment Transfer (Paid Basis)	\$	21.30		\$	21.30		\$	21.30		\$	21.30		\$ 21.30	
Paid Claims & Capitations (Post-3Rs)	\$	619.80	80.8%	\$	632.86	81.0%	\$	646.19	81.2%	\$	659.79	81.3%	\$ 640.94	81.1%
Administrative Expense	\$	51.27	6.7%	\$	51.27	6.6%	\$	51.27	6.4%	\$	51.27	6.3%	\$ 51.27	6.5%
Broker Commissions & Fee	\$	23.80	3.1%	\$	23.80	3.0%	\$	23.80	3.0%	\$	23.80	2.9%	\$ 23.80	3.0%
Contribution to Reserve (Post-Tax)	\$	26.08	3.4%	\$	26.57	3.4%	\$	27.07	3.4%	\$	27.58	3.4%	\$ 26.88	3.4%
Investment Income Credit	\$	(0.77)	-0.1%	\$	(0.78)	-0.1%	\$	(0.80)	-0.1%	\$	(0.81)	-0.1%	\$ (0.79)	-0.1%
Risk Charge	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%	\$ -	0.0%
Non-ACA Taxes & Fees														
State Premium Tax	\$	15.34	2.0%	\$	15.63	2.0%	\$	15.93	2.0%	\$	16.23	2.0%	\$ 15.81	2.0%
State Assessment Fee	\$	0.77	0.1%	\$	0.78	0.1%	\$	0.80	0.1%	\$	0.81	0.1%	\$ 0.79	0.1%
Reinsurance Program Fee	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%	\$ -	0.0%
State Income Tax	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%	\$ -	0.0%
Federal Income Tax	\$	4.60	0.6%	\$	4.69	0.6%	\$	4.78	0.6%	\$	4.87	0.6%	\$ 4.74	0.6%
ACA Taxes & Fees														
Health Insurer Tax	•	18.05	2.4%	\$	18.39	2.4%	\$		2.4%	\$	19.09	2.4%	\$ 18.60	2.4%
Risk Adjustment User Fee	\$	0.18	0.0%	\$	0.18	0.0%	\$	0.18	0.0%	\$	0.18	0.0%	\$ 0.18	0.0%
Exchange Assessment Fee		7.67	1.0%	\$	7.82	1.0%	\$	7.96	1.0%	\$	8.11	1.0%	\$ 7.90	1.0%
Federal Exchange User Fee	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%	\$ -	0.0%
BlueRewards/Incentive Program	\$	0.35	0.0%	\$	0.35	0.0%	\$	0.35	0.0%	\$	0.35	0.0%	\$ 0.35	0.0%
Total Revenue	\$		100.0%	\$	781.55	100.0%	\$	796.25	100.0%	\$	811.26	100.0%	\$ 790.47	100.0%
Plan Level Admin Load Adjustment		1.2374			1.2346			1.2319			1.2292			
Projected Member Months		82,972			36,954			33,297			99,681		252,904	
Average Members		6,914			3,080			2,775			8,307		21,075	
% Total 2020		32.8%			14.6%			13.2%			39.4%		100.0%	

Exhibit 10B - Federal MLR

Total 2020 PMPM / % **Traditional MLR Development** Paid Claims & Capitations (Post-3Rs) \$ 640.94 Total Revenue \$ 790.47 Traditional MLR (i.e. DICR) 81.1% **Federal MLR Development Numerator Adjustments** BlueRewards/Incentive Program \$ 0.35 **Quality Improvement Expenses** \$ 3.55 Removal of non-care costs under MLR guidelines \$ (8.30)**Denominator Adjustments** Non-ACA Taxes & Fees \$ 21.34 ACA Taxes & Fees \$ 26.68 Federal MLR Numerator \$ 636.54 Federal MLR Denominator \$ 742.44 85.7% **Federal MLR Projected Member Months** 252,904

Exhibit 10B - Federal MLR (Combined SG & Individual)

Total 2020 PMPM / %

348,236

Traditional MLR Development

Paid Claims & Capitations (Post-3Rs)	\$ 570.05
Total Revenue	\$ 707.72
Traditional MLR (i.e. DICR)	80.5%
Federal MLR Development	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 3.41
temoval of non-care costs under MLR guidelines	\$ (6.95)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 18.71
ACA Taxes & Fees	\$ 23.91
Federal MLR Numerator	\$ 566.86
Federal MLR Denominator	\$ 665.11
Federal MLR	85.2%

Projected Member Months

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On	Regional Preferred (RPN)	\$696.14	0.8316	1.0000	0.9790	1.0002	1.2374	\$701.39
78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On	Regional Preferred (RPN)	\$696.14	0.8522	1.0000	0.9790	1.0002	1.2374	\$718.75
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7593	1.0000	0.9340	1.0002	1.2374	\$610.96
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7407	1.0000	0.9340	1.0002	1.2374	\$596.05
78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On	Regional Preferred (RPN)	\$696.14	0.9393	1.0000	1.0430	1.0002	1.2374	\$844.04
78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On	Regional Preferred (RPN)	\$696.14	0.8999	1.0000	1.0430	1.0002	1.2374	\$808.68
78079DC0220026	BluePreferred PPO Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7195	1.0000	0.9340	1.0002	1.2374	\$579.00
78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On	Regional Preferred (RPN)	\$696.14	0.8167	1.0000	0.9790	1.0002	1.2374	\$688.83
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On	Regional Preferred (RPN)	\$696.14	0.8046	1.0000	0.9790	1.0002	1.2374	\$678.67
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7052	1.0000	0.9340	1.0002	1.2374	\$567.43
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7604	1.0000	0.9340	1.0002	1.2374	\$611.85
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7081	1.0000	0.9340	1.0002	1.2374	\$569.78

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
78079DC0220020	BluePreferred PPO Gold 1000	0.8197
78079DC0220021	BluePreferred PPO Gold 500	0.8199
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.7176
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.7194
78079DC0220024	BluePreferred PPO Platinum 0	0.9198
78079DC0220025	BluePreferred PPO Platinum 500	0.9108
78079DC0220026	BluePreferred PPO Silver 1500	0.7190
78079DC0220031	BluePreferred PPO Gold 1500	0.8197
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.8127
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	0.7191
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.7198
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	0.7187

Exhibit 13 - Age Calibration

	Age Curve Calibration								
	Period	Cohort	Rating Factor*	Weight	Average Age**				
(1)	Rating Period	Existing	1.0771	90.2%					
		New	0.9787	7.8%					
		Transfer	0.9404	2.0%					
(2)	Rating Period	All	1.0667	100.0%	42.3				
(3)	Nearest Rounded	All	1.0530		42.0				
(4)	Calibration***	All	0.9871						

(3)/(2)

	Premium Rate Demonstration							
	HIOS Plan Name	BluePreferred PPO Gold 1000						
(5)	Plan Adjusted Index Rate	\$692.37						
(6)	Calibration	0.9871	(4)					
(7)	Calibrated Rate	\$683.46	(5)*(6)					
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259						
(9)	Age 40 Premium Rate	\$632.84	(7)*(8)					

^{*}Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

^{**}The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

^{***}Applied uniformly to all plans

Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	
_	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
	2.020
60	
61	2.181
62	2.181
63	2.181
64+	2.181

Exhibit 15 - Induced Utilization Factors

	Projected Membe	r	
CDH/Non-CDH	Months	Relative to HSA/HRA	Relative to Average*
HSA/HRA	34,622	1.0000	1.0000
Non-CDH	313,614	1.0000	1.0000
	348,236	1.000	
	Projected Membe	r	
Metal Level	Months	Relative to Bronze	Relative to Average*
Catastrophic	0	1.0000	0.9069
Bronze	17,825	1.0000	0.9069
Silver	52,264	1.0300	0.9341
Gold	107,554	1.0800	0.9794
Platinum	170,593	1.1500	1.0429
Total	348,236	1.1027	

^{*}Factors are applied as plan level adjustments

Appendix - Experience Period to Rating Period Plan Mappings

		xp. Period			Current Period		Rating Period		
2017 Base HIOS Plan ID	2017 HIOS Plan Name	2018 Base HIOS Plan ID	2018 HIOS Plan Name	2019 Base HIOS Plan ID	2019 HIOS Plan Name	2020 Base HIOS Plan ID	2020 HIOS Plan Name		
8079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000		
8079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500		
8079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500		
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000		
78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0		
8079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500		
78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1500		
78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220025	BluePreferred PPO Platinum 500		
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000		
78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220024	BluePreferred PPO Platinum 0		
78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220024	BluePreferred PPO Platinum 0		
78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500		
78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%		
8079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%		
8079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA		
						78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70		

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	-	-	n/a
Base Rate	Silver Members/Avg Renewal	2,332	2,244	20.9%
Base Rate	Gold Members/Avg Renewal	7,974	7,916	23.3%
Base Rate	Platinum Members/Avg Renewal	12,250	11,703	20.7%
Base Rate	All Members/Avg Renewal	22,556	21,863	21.6%
Base Rate	Minimum Renewal			17.7%
Base Rate	Maximum Renewal			36.3%

2019 HIOS Plan ID	2019 HIOS Plan Name	2019 Metal	2019 Marketplace	2020 HIOS Plan ID	2020 HIOS Plan Name	2020 Metal Level	2020 Marketplace Indicator	Current Month Member	Projected 2019 EOY	102019 Base Rate	102020 Base Rate	Annual Rate Change
2013 IIIO3 FIBII ID	2013 Filos Filan Name	Level	Indicator	2020 11103 FIBIT ID	2020 HIO3 Flail Name	2020 Wietai Level	2020 Ivial ketplace illulcator	Count	Members	1Q2013 base nate	IQ2020 base nate	Allitual Nate Change
78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	2,310.00	2,256	\$542.30	\$657.52	21.2%
78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	2,909.00	2,952	\$556.58	\$673.79	21.1%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	611.00	580	\$471.08	\$572.74	21.6%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	673.00	646	\$456.95	\$558.77	22.3%
78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	8,498.00	8,135	\$656.16	\$791.25	20.6%
78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	3,269.00	3,092	\$630.22	\$758.10	20.3%
78079DC0220026	BluePreferred PPO Silver 1000	SILVER	On	78079DC0220026	BluePreferred PPO Silver 1500	SILVER	On	416.00	416	\$461.24	\$542.79	17.7%
78079DC0220027	HealthyBlue PPO Gold 1500	GOLD	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	1,171.00	1,140	\$556.37	\$758.10	36.3%
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	166.00	152	\$467.74	\$558.77	19.5%
78079DC0220030	HealthyBlue PPO Platinum 500	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	483.00	476	\$637.46	\$791.25	24.1%
78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	1,288.00	1,265	\$534.44	\$645.75	20.8%
78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	296.00	303	\$522.60	\$636.22	21.7%
78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	SILVER	On	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	SILVER	On	98.00	100	\$435.73	\$531.94	22.1%
790700000330034	Disable of second DDO Ciliage 1500 Disable of USA	CHIVED	0	70070000330034	Diverged area at DDO Citizen 1500 Diverged UCA	CHACD	0	369.00	350	C471 F7	CE73.50	21.69/

Appendix - Quarterly Rate Change Adjustment Factors

	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
Quarter	Market Adj.	Admin Load	Plan Adjusted Index
Quui tei	Index Rate	Factor	Rates
2Q20	2.0%	-0.2%	1.8%
3Q20	2.0%	-0.2%	1.8%
4Q20	2.0%	-0.2%	1.8%

The changes above are relative to the preceding quarter and no other changes factor into the 2Q, 3Q and 4Q rates.

Appendix - Maximum Rate Renewal

	2019	2020	% Change
Base Rate	\$556.37	\$758.10	36.3%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$363.87	\$551.14	51.5%

	HealthyBlue PPO	BluePreferred PPO
Base Rate/Product(s)	Gold 1500	Platinum 500
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

^{*}we did not geo rate

^{**}we did not tobacco rate

Appendix - Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows: CFBC-131927480

ON-Exchange

Product: BluePreferred

Network: Regional Preferred (RPN)

DC/CF/SHOP/GC (R. 1/19)

DC/CF/SHOP/PPO/EOC (R. 1/20)

DC/GHMSI/DOL APPEAL (R. 1/17)

DC/CF/SHOP/PPO/DOCS (R. 1/20)

DC/CF/BP PPO/1000 90-70 (1/20)

DC/CF/BP PPO BF HSA/SIL 1500 (1/20)

DC/CF/BP PPO CDH/2300 80-60 (1/20)

DC/CF/BP PPO CDH/SIL 1500 (1/20) DC/CF/BP PPO CDH/SIL 2000 (1/20)

DC/CF/BP PPO CDH/SIL 2000 70 (1/20)

DC/CF/BP PPO/GOLD 500 (1/20)

DC/CF/BP PPO/GOLD 1000 (1/20)

DC/CF/BP PPO/GOLD 1500 (1/20)

DC/CF/BP PPO/PLAT 0 (1/20)

DC/CF/BP PPO/PLAT 500 (1/20)

DC/CF/BP PPO/SIL 1500 (1/20)

DC/CF/SHOP/ELIG (R. 1/20)

DC/CF/FAM PLAN/FED (R. 1/20)

DC/CF/BLCRD (R. 6/18)

DC/CF/MEM/BLCRD (R. 6/18)

DC/CF/ANCILLARY AMEND (10/12)

DC/CF/SG/AUTH AMEND/PPO (1/20)

DC/CF/PT PROTECT (9/10)

DC/GHMSI-HEALTH GUARANTEE 6/18

DC/CF/SG/INCENT (R. 1/20)

DC/CF/PARTNER (R. 7/09)

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Inpatient Hospital	\$4,127,745	\$0	Admits	245
201602	38,265	Inpatient Hospital	\$3,417,288	\$0	Admits	166
201603	38,703	Inpatient Hospital	\$4,841,680	\$0	Admits	213
201604	38,577	Inpatient Hospital	\$3,121,911	\$0	Admits	209
201605	38,594	Inpatient Hospital	\$3,404,926	\$0	Admits	220
201606	38,590	Inpatient Hospital	\$3,724,703	\$0	Admits	209
201607	38,433	Inpatient Hospital	\$3,712,606	\$0	Admits	212
201608	37,664	Inpatient Hospital	\$4,755,472	\$0	Admits	229
201609	37,088	Inpatient Hospital	\$4,189,536	\$0	Admits	240
201610	37,022	Inpatient Hospital	\$4,045,847	\$0	Admits	235
201611	36,181	Inpatient Hospital	\$3,452,924	\$0	Admits	219
201612	33,439	Inpatient Hospital	\$2,200,133	\$0	Admits	160
201701	34,634	Inpatient Hospital	\$5,559,295	\$0	Admits	184
201702	35,060	Inpatient Hospital	\$2,633,354	\$0	Admits	155
201703	35,518	Inpatient Hospital	\$3,626,691	\$0	Admits	188
201704	35,484	Inpatient Hospital	\$3,820,784	\$0	Admits	193
201705	35,621	Inpatient Hospital	\$3,080,398	\$0	Admits	182
201706	35,341	Inpatient Hospital	\$3,966,545	\$0	Admits	198
201707	35,409	Inpatient Hospital	\$2,730,444	\$0	Admits	176
201708	35,596	Inpatient Hospital	\$3,425,404	\$0	Admits	193
201709	35,575	Inpatient Hospital	\$3,038,097	\$0	Admits	223
201710	35,395	Inpatient Hospital	\$2,498,591	\$0	Admits	179
201711	35,242	Inpatient Hospital	\$3,003,601	\$0	Admits	237
201712	34,727	Inpatient Hospital	\$2,842,676	\$0	Admits	158
201801	34,450	Inpatient Hospital	\$3,917,134	\$0	Admits	223
201802	34,315	Inpatient Hospital	\$3,905,650	\$0	Admits	249
201803	34,168	Inpatient Hospital	\$3,760,983	\$0	Admits	242
201804	33,858	Inpatient Hospital	\$3,575,961	\$0	Admits	286
201805	33,816	Inpatient Hospital	\$2,997,459	\$0	Admits	329
201806	33,246	Inpatient Hospital	\$3,403,618	\$0	Admits	240
201807	32,849	Inpatient Hospital	\$3,494,788	\$0	Admits	299
201808	32,747	Inpatient Hospital	\$3,214,704	\$0	Admits	225
201809	32,524	Inpatient Hospital	\$2,795,780	\$0	Admits	263
201810	32,341	Inpatient Hospital	\$4,016,932	\$0	Admits	383
201811	31,817	Inpatient Hospital	\$3,339,762	\$0	Admits	299
201812	30,539	Inpatient Hospital	\$2,418,149	\$0	Admits	177
201901	31,131	Inpatient Hospital	\$2,999,030	\$0	Admits	207
201902	31,166	Inpatient Hospital	\$1,692,955	\$0	Admits	167

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Outpatient Hospital	\$4,496,040	\$0	Visits	3,113
201602	38,265	Outpatient Hospital	\$4,331,267	\$0	Visits	3,238
201603	38,703	Outpatient Hospital	\$4,810,896	\$0	Visits	3,334
201604	38,577	Outpatient Hospital	\$4,401,255	\$0	Visits	3,236
201605	38,594	Outpatient Hospital	\$4,249,581	\$0	Visits	3,251
201606	38,590	Outpatient Hospital	\$4,454,837	\$0	Visits	3,330
201607	38,433	Outpatient Hospital	\$3,960,707	\$0	Visits	3,087
201608	37,664	Outpatient Hospital	\$4,096,714	\$0	Visits	3,258
201609	37,088	Outpatient Hospital	\$4,008,749	\$0	Visits	3,135
201610	37,022	Outpatient Hospital	\$3,941,051	\$0	Visits	3,137
201611	36,181	Outpatient Hospital	\$4,459,207	\$0	Visits	3,098
201612	33,439	Outpatient Hospital	\$3,739,120	\$0	Visits	2,781
201701	34,634	Outpatient Hospital	\$4,057,349	\$0	Visits	2,895
201702	35,060	Outpatient Hospital	\$4,190,752	\$0	Visits	2,674
201703	35,518	Outpatient Hospital	\$4,524,402	\$0	Visits	2,947
201704	35,484	Outpatient Hospital	\$3,896,380	\$0	Visits	2,618
201705	35,621	Outpatient Hospital	\$4,116,207	\$0	Visits	2,796
201706	35,341	Outpatient Hospital	\$4,023,159	\$0	Visits	2,608
201707	35,409	Outpatient Hospital	\$3,619,244	\$0	Visits	2,406
201708	35,596	Outpatient Hospital	\$3,811,604	\$0	Visits	2,630
201709	35,575	Outpatient Hospital	\$3,392,730	\$0	Visits	2,498
201710	35,395	Outpatient Hospital	\$3,907,081	\$0	Visits	2,766
201711	35,242	Outpatient Hospital	\$3,873,352	\$0	Visits	2,623
201712	34,727	Outpatient Hospital	\$3,821,853	\$0	Visits	2,544
201801	34,450	Outpatient Hospital	\$4,145,249	\$0	Visits	2,766
201802	34,315	Outpatient Hospital	\$3,530,796	\$0	Visits	2,559
201803	34,168	Outpatient Hospital	\$4,432,796	\$0	Visits	2,833
201804	33,858	Outpatient Hospital	\$4,059,990	\$0	Visits	2,887
201805	33,816	Outpatient Hospital	\$4,279,555	\$0	Visits	3,018
201806	33,246	Outpatient Hospital	\$3,899,027	\$0	Visits	2,709
201807	32,849	Outpatient Hospital	\$3,768,547	\$0	Visits	2,627
201808	32,747	Outpatient Hospital	\$4,175,602	\$0	Visits	2,808
201809	32,524	Outpatient Hospital	\$3,884,221	\$0	Visits	2,561
201810	32,341	Outpatient Hospital	\$4,594,827	\$0	Visits	2,904
201811	31,817	Outpatient Hospital	\$4,376,472	\$0	Visits	2,763
201812	30,539	Outpatient Hospital	\$3,766,843	\$0	Visits	2,672
201901	31,131	Outpatient Hospital	\$5,102,979	\$0	Visits	3,363
201902	31,166	Outpatient Hospital	\$4,292,168	\$0	Visits	3,594

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Professional	\$6,361,447	\$0	Visits	33,584
201602	38,265	Professional	\$6,263,374	\$0	Visits	35,866
201603	38,703	Professional	\$6,758,237	\$0	Visits	39,276
201604	38,577	Professional	\$6,270,273	\$0	Visits	36,871
201605	38,594	Professional	\$6,512,000	\$0	Visits	37,220
201606	38,590	Professional	\$6,716,130	\$0	Visits	37,757
201607	38,433	Professional	\$5,841,690	\$0	Visits	33,628
201608	37,664	Professional	\$6,630,488	\$0	Visits	37,457
201609	37,088	Professional	\$6,356,858	\$0	Visits	36,008
201610	37,022	Professional	\$6,344,014	\$0	Visits	37,081
201611	36,181	Professional	\$6,082,871	\$0	Visits	35,201
201612	33,439	Professional	\$5,170,920	\$0	Visits	30,263
201701	34,634	Professional	\$6,282,912	\$0	Visits	34,080
201702	35,060	Professional	\$5,890,052	\$0	Visits	32,495
201703	35,518	Professional	\$6,375,824	\$0	Visits	36,568
201704	35,484	Professional	\$5,911,904	\$0	Visits	32,506
201705	35,621	Professional	\$6,307,231	\$0	Visits	36,120
201706	35,341	Professional	\$6,248,359	\$0	Visits	34,718
201707	35,409	Professional	\$5,620,862	\$0	Visits	31,554
201708	35,596	Professional	\$6,514,631	\$0	Visits	35,766
201709	35,575	Professional	\$5,853,789	\$0	Visits	33,408
201710	35,395	Professional	\$6,160,207	\$0	Visits	36,864
201711	35,242	Professional	\$6,150,975	\$0	Visits	35,104
201712	34,727	Professional	\$5,550,245	\$0	Visits	31,969
201801	34,450	Professional	\$7,262,253	\$0	Visits	37,013
201802	34,315	Professional	\$5,974,340	\$0	Visits	32,931
201803	34,168	Professional	\$6,427,030	\$0	Visits	34,562
201804	33,858	Professional	\$6,317,220	\$0	Visits	33,944
201805	33,816	Professional	\$6,459,284	\$0	Visits	35,450
201806	33,246	Professional	\$5,924,674	\$0	Visits	32,633
201807	32,849	Professional	\$5,758,870	\$0	Visits	31,667
201808	32,747	Professional	\$6,105,128	\$0	Visits	34,038
201809	32,524	Professional	\$5,556,646	\$0	Visits	31,707
201810	32,341	Professional	\$7,001,787	\$0	Visits	40,270
201811	31,817	Professional	\$5,980,789	\$0	Visits	34,411
201812	30,539	Professional	\$5,253,159	\$0	Visits	30,488
201901	31,131	Professional	\$7,191,889	\$0	Visits	40,982
201902	31,166	Professional	\$8,796,467	\$0	Visits	54,695

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Other Medical	\$1,054,241	\$0	Services	4,714
201602	38,265	Other Medical	\$1,137,985	\$0	Services	4,888
201603	38,703	Other Medical	\$1,290,472	\$0	Services	5,543
201604	38,577	Other Medical	\$1,092,431	\$0	Services	5,225
201605	38,594	Other Medical	\$1,257,315	\$0	Services	5,420
201606	38,590	Other Medical	\$1,532,198	\$0	Services	5,635
201607	38,433	Other Medical	\$1,205,923	\$0	Services	4,851
201608	37,664	Other Medical	\$1,383,881	\$0	Services	6,057
201609	37,088	Other Medical	\$1,216,169	\$0	Services	4,588
201610	37,022	Other Medical	\$1,055,667	\$0	Services	4,729
201611	36,181	Other Medical	\$1,248,924	\$0	Services	4,575
201612	33,439	Other Medical	\$1,280,818	\$0	Services	4,265
201701	34,634	Other Medical	\$1,130,211	\$0	Services	4,368
201702	35,060	Other Medical	\$993,630	\$0	Services	4,275
201703	35,518	Other Medical	\$990,037	\$0	Services	4,656
201704	35,484	Other Medical	\$969,583	\$0	Services	4,195
201705	35,621	Other Medical	\$1,150,882	\$0	Services	4,453
201706	35,341	Other Medical	\$1,040,706	\$0	Services	4,638
201707	35,409	Other Medical	\$1,052,573	\$0	Services	4,047
201708	35,596	Other Medical	\$1,108,749	\$0	Services	5,038
201709	35,575	Other Medical	\$896,704	\$0	Services	4,130
201710	35,395	Other Medical	\$1,109,492	\$0	Services	4,425
201711	35,242	Other Medical	\$1,173,715	\$0	Services	4,268
201712	34,727	Other Medical	\$1,116,738	\$0	Services	4,451
201801	34,450	Other Medical	\$1,200,430	\$0	Services	5,008
201802	34,315	Other Medical	\$1,065,688	\$0	Services	4,485
201803	34,168	Other Medical	\$1,268,262	\$0	Services	4,796
201804	33,858	Other Medical	\$1,423,775	\$0	Services	4,569
201805	33,816	Other Medical	\$1,487,415	\$0	Services	4,541
201806	33,246	Other Medical	\$1,215,345	\$0	Services	4,455
201807	32,849	Other Medical	\$1,337,617	\$0	Services	4,679
201808	32,747	Other Medical	\$1,357,603	\$0	Services	4,989
201809	32,524	Other Medical	\$1,348,440	\$0	Services	4,141
201810	32,341	Other Medical	\$1,270,027	\$0	Services	4,595
201811	31,817	Other Medical	\$1,316,678	\$0	Services	4,265
201812	30,539	Other Medical	\$959,859	\$0	Services	3,946
201901	31,131	Other Medical	\$1,132,306	\$0	Services	4,851
201902	31,166	Other Medical	\$1,482,880	\$0	Services	6,188

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Prescription Drug	\$4,649,261	\$690,399	Scripts	29,223
201602	38,265	Prescription Drug	\$5,016,477	\$693,409	Scripts	30,874
201603	38,703	Prescription Drug	\$5,818,341	\$698,107	Scripts	33,709
201604	38,577	Prescription Drug	\$5,531,525	\$718,089	Scripts	31,487
201605	38,594	Prescription Drug	\$5,508,276	\$718,470	Scripts	32,149
201606	38,590	Prescription Drug	\$6,129,693	\$718,485	Scripts	31,697
201607	38,433	Prescription Drug	\$5,907,597	\$749,972	Scripts	30,176
201608	37,664	Prescription Drug	\$6,087,857	\$734,809	Scripts	31,609
201609	37,088	Prescription Drug	\$5,244,426	\$724,506	Scripts	29,768
201610	37,022	Prescription Drug	\$5,659,659	\$674,586	Scripts	30,018
201611	36,181	Prescription Drug	\$5,283,439	\$655,166	Scripts	30,101
201612	33,439	Prescription Drug	\$5,400,705	\$611,538	Scripts	29,430
201701	34,634	Prescription Drug	\$5,371,178	\$701,226	Scripts	29,438
201702	35,060	Prescription Drug	\$5,309,336	\$710,546	Scripts	27,622
201703	35,518	Prescription Drug	\$6,012,900	\$719,893	Scripts	30,935
201704	35,484	Prescription Drug	\$5,446,277	\$820,510	Scripts	28,544
201705	35,621	Prescription Drug	\$6,420,769	\$823,327	Scripts	30,919
201706	35,341	Prescription Drug	\$5,987,107	\$819,105	Scripts	29,399
201707	35,409	Prescription Drug	\$5,666,465	\$805,808	Scripts	28,583
201708	35,596	Prescription Drug	\$6,648,886	\$809,751	Scripts	30,004
201709	35,575	Prescription Drug	\$5,831,784	\$809,199	Scripts	28,261
201710	35,395	Prescription Drug	\$6,184,202	\$788,438	Scripts	30,314
201711	35,242	Prescription Drug	\$5,932,303	\$783,775	Scripts	29,707
201712	34,727	Prescription Drug	\$5,865,938	\$773,343	Scripts	30,272
201801	34,450	Prescription Drug	\$6,042,499	\$790,249	Scripts	30,380
201802	34,315	Prescription Drug	\$5,529,807	\$786,044	Scripts	26,674
201803	34,168	Prescription Drug	\$6,060,368	\$782,434	Scripts	28,682
201804	33,858	Prescription Drug	\$6,102,508	\$816,433	Scripts	27,735
201805	33,816	Prescription Drug	\$6,332,155	\$816,263	Scripts	29,371
201806	33,246	Prescription Drug	\$5,948,600	\$802,829	Scripts	26,878
201807	32,849	Prescription Drug	\$5,988,397	\$773,496	Scripts	26,565
201808	32,747	Prescription Drug	\$6,286,527	\$771,235	Scripts	27,241
201809	32,524	Prescription Drug	\$5,567,124	\$766,494	Scripts	24,809
201810	32,341	Prescription Drug	\$6,690,711	\$739,875	Scripts	28,347
201811	31,817	Prescription Drug	\$5,915,216	\$728,098	Scripts	26,420
201812	30,539	Prescription Drug	\$5,789,188	\$699,449	Scripts	25,424
201901	31,131	Prescription Drug	\$5,911,954		Scripts	26,736
201902	31,166	Prescription Drug	\$5,495,593		Scripts	24,562

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Capitations	\$43,916	\$0	Benefit Period	37,936
201602	38,265	Capitations	\$45,051	\$0	Benefit Period	38,265
201603	38,703	Capitations	\$46,272	\$0	Benefit Period	38,703
201604	38,577	Capitations	\$46,139	\$0	Benefit Period	38,577
201605	38,594	Capitations	\$46,300	\$0	Benefit Period	38,594
201606	38,590	Capitations	\$46,377	\$0	Benefit Period	38,590
201607	38,433	Capitations	\$46,278	\$0	Benefit Period	38,433
201608	37,664	Capitations	\$45,684	\$0	Benefit Period	37,664
201609	37,088	Capitations	\$45,317	\$0	Benefit Period	37,088
201610	37,022	Capitations	\$45,380	\$0	Benefit Period	37,022
201611	36,181	Capitations	\$44,549	\$0	Benefit Period	36,181
201612	33,439	Capitations	\$41,799	\$0	Benefit Period	33,439
201701	34,634	Capitations	\$43,370	\$0	Benefit Period	34,634
201702	35,060	Capitations	\$44,804	\$0	Benefit Period	35,060
201703	35,518	Capitations	\$46,237	\$0	Benefit Period	35,518
201704	35,484	Capitations	\$46,080	\$0	Benefit Period	35,484
201705	35,621	Capitations	\$46,147	\$0	Benefit Period	35,621
201706	35,341	Capitations	\$45,868	\$0	Benefit Period	35,341
201707	35,409	Capitations	\$45,851	\$0	Benefit Period	35,409
201708	35,596	Capitations	\$45,956	\$0	Benefit Period	35,596
201709	35,575	Capitations	\$45,955	\$0	Benefit Period	35,575
201710	35,395	Capitations	\$45,636	\$0	Benefit Period	35,395
201711	35,242	Capitations	\$45,299	\$0	Benefit Period	35,242
201712	34,727	Capitations	\$44,580	\$0	Benefit Period	34,727
201801	34,450	Capitations	\$37,340	\$0	Benefit Period	34,450
201802	34,315	Capitations	\$37,280	\$0	Benefit Period	34,315
201803	34,168	Capitations	\$37,247	\$0	Benefit Period	34,168
201804	33,858	Capitations	\$36,849	\$0	Benefit Period	33,858
201805	33,816	Capitations	\$36,429	\$0	Benefit Period	33,816
201806	33,246	Capitations	\$35,980	\$0	Benefit Period	33,246
201807	32,849	Capitations	\$35,624	\$0	Benefit Period	32,849
201808	32,747	Capitations	\$35,423	\$0	Benefit Period	32,747
201809	32,524	Capitations	\$35,102	\$0	Benefit Period	32,524
201810	32,341	Capitations	\$34,807	\$0	Benefit Period	32,341
201811	31,817	Capitations	\$34,240	\$0	Benefit Period	31,817
201812	30,539	Capitations	\$33,263	\$0	Benefit Period	30,539
201901	31,131	Capitations	\$40,271	\$0	Benefit Period	31,131
201902	31,166	Capitations	\$40,098	\$0	Benefit Period	31,166

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201601	37,936	22,355	\$20,732,649	\$690,399	\$20,042,250	\$16,728,055	\$19,448,623	86.0%
201602	38,265	22,688	\$20,211,442	\$693,409	\$19,518,033	\$16,668,336	\$19,693,775	84.6%
201603	38,703	23,059	\$23,565,899	\$698,107	\$22,867,792	\$20,040,406	\$19,812,738	101.1%
201604	38,577	23,008	\$20,463,534	\$718,089	\$19,745,445	\$17,198,678	\$19,815,763	86.8%
201605	38,594	23,046	\$20,978,398	\$718,470	\$20,259,927	\$17,846,952	\$19,755,680	90.3%
201606	38,590	23,045	\$22,603,939	\$718,485	\$21,885,454	\$19,510,240	\$19,841,586	98.3%
201607	38,433	22,956	\$20,674,800	\$749,972	\$19,924,827	\$17,812,077	\$19,708,089	90.4%
201608	37,664	22,606	\$23,000,097	\$734,809	\$22,265,288	\$20,088,543	\$19,289,455	104.1%
201609	37,088	22,256	\$21,061,055	\$724,506	\$20,336,549	\$18,248,928	\$19,027,046	95.9%
201610	37,022	22,245	\$21,091,618	\$674,586	\$20,417,033	\$18,427,936	\$18,944,496	97.3%
201611	36,181	21,750	\$20,571,915	\$655,166	\$19,916,748	\$17,977,544	\$18,622,472	96.5%
201612	33,439	20,363	\$17,833,495	\$611,538	\$17,221,957	\$15,219,439	\$17,528,299	86.8%
201701	34,634	21,490	\$22,444,315	\$701,226	\$21,743,088	\$18,710,262	\$17,762,165	105.3%
201702	35,060	21,882	\$19,061,928	\$710,546	\$18,351,382	\$15,918,664	\$17,915,231	88.9%
201703	35,518	22,301	\$21,576,091	\$719,893	\$20,856,197	\$18,244,058	\$18,081,461	100.9%
201704	35,484	22,245	\$20,091,008	\$820,510	\$19,270,498	\$17,029,999	\$18,194,385	93.6%
201705	35,621	22,351	\$21,121,634	\$823,327	\$20,298,306	\$17,977,154	\$18,064,635	99.5%
201706	35,341	22,149	\$21,311,745	\$819,105	\$20,492,640	\$18,228,171	\$17,988,169	101.3%
201707	35,409	22,091	\$18,735,440	\$805,808	\$17,929,632	\$15,811,319	\$17,988,136	87.9%
201708	35,596	22,151	\$21,555,231	\$809,751	\$20,745,479	\$18,551,198	\$18,117,121	102.4%
201709	35,575	22,178	\$19,059,059	\$809,199	\$18,249,859	\$16,202,134	\$18,145,275	89.3%
201710	35,395	22,069	\$19,905,209	\$788,438	\$19,116,771	\$16,947,172	\$17,989,450	94.2%
201711	35,242	21,906	\$20,179,245	\$783,775	\$19,395,469	\$17,279,474	\$17,951,225	96.3%
201712	34,727	21,591	\$19,242,030	\$773,343	\$18,468,687	\$16,314,244	\$17,783,963	91.7%
201801	34,450	21,572	\$22,604,906	\$790,249	\$21,814,657	\$18,598,592	\$18,734,165	99.3%
201802	34,315	21,464	\$20,043,561	\$786,044	\$19,257,517	\$16,780,560	\$18,618,596	90.1%
201803	34,168	21,364	\$21,986,688	\$782,434	\$21,204,254	\$18,678,420	\$18,629,851	100.3%
201804	33,858	21,190	\$21,516,304	\$816,433	\$20,699,871	\$18,297,982	\$18,648,531	98.1%
201805	33,816	21,060	\$21,592,297	\$816,263	\$20,776,034	\$18,382,077	\$18,593,910	98.9%
201806	33,246	20,721	\$20,427,243	\$802,829	\$19,624,414	\$17,509,772	\$18,550,209	94.4%
201807	32,849	20,479	\$20,383,843	\$773,496	\$19,610,347	\$17,636,854	\$18,302,388	96.4%
201808	32,747	20,324	\$21,174,989	\$771,235	\$20,403,753	\$18,366,182	\$18,332,555	100.2%
201809	32,524	20,092	\$19,187,313	\$766,494	\$18,420,819	\$16,543,855	\$18,476,110	89.5%
201810	32,341	20,014	\$23,609,091	\$739,875	\$22,869,217	\$20,690,002	\$18,316,593	113.0%
201811	31,817	19,703	\$20,963,157	\$728,098	\$20,235,059	\$18,344,918	\$18,223,069	100.7%
201812	30,539	18,966	\$18,220,461	\$699,449	\$17,521,012	\$15,673,798	\$18,273,317	85.8%
201901	31,131	19,606	\$22,378,428		\$22,378,428	\$19,305,493	\$18,948,090	101.9%
201902	31,166	19,608	\$21,800,160		\$21,800,160	\$18,629,346	\$18,848,930	98.8%

CareFirst BlueCross BlueShield

840 First Street, NE Washington, DC 20065 www.carefirst.com

May 24, 2019

Mr. Efren Tanhehco Supervisory Health Actuary Department of Insurance, Securities and Banking



Re: Group Hospitalization and Medical Services, Inc. Small Group Rate Filing Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2020 ACA plan rate filing submitted 5/24/2019. Please note the required information below:

a. Company Name: Group Hospitalization and Medical Services, Inc. (GHMSI)

b. NAIC Company Code: 53007

c. Unique Company Filing Number: 2344

d. Date Submitted: 5/24/2019

e. Proposed Effective Date: 1/1/2020
f. Type of Product: PPO – On Exchange
g. Individual or Group: Small Group

- h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by GHMSI.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-131468322).
- j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of GHMSI ACA plans will be impacted.
- Verall Premium Impact of Filing on DC Policyholders: Proposed average rate increase for 2020 is 18.5%.
- I. Contact Information:

a. Name: Dwayne Lucado, FSA, MAAAb. Telephone Number: 410-998-7519c. Email: <u>Dwayne.Lucado@Carefirst.com</u>

d. Fax: 410-505-2192

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/24/2019.

Sincerely,

Dwayne Lucado

Digitally signed by Dwayne Lucado Date: 2019.05.24 11:14:40 -04'00'

Dwayne Lucado, FSA, MAAA Senior Actuary CareFirst BlueCross BlueShield

840 First Street, NE Washington, DC 20065 www.carefirst.com

May 24, 2019

Mr. Efren Tanhehco Supervisory Health Actuary Department of Insurance, Securities and Banking



Re: Group Hospitalization and Medical Services, Inc. Small Group Rate Filing Cover Letter

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i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-131468322).

j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of GHMSI ACA plans will be impacted.

k. Overall Premium Impact of Filing on DC Policyholders: Proposed average rate increase for 2020 is 21.6%.

I. Contact Information:

a. Name: Dwayne Lucado, FSA, MAAAb. Telephone Number: 410-998-7519c. Email: <u>Dwayne.Lucado@Carefirst.com</u>

d. Fax: 410-505-2192

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/24/2019.

Sincerely,

Dwayne Lucado Digitally signed by Dwayne Lucado Date: 2019.05.24 11:16:34 -04'00'

Dwayne Lucado, FSA, MAAA Senior Actuary

Unified Rate Review v5.0

		_	
Company Legal Name:	GHMSI, Inc.	State:	DC
HIOS Issuer ID:	78079	Market:	Small Group
Effective Date of Rate Change(s):	1/1/2020		

Market Level Calculations (Same for all Plans)

Section I: Exp	perience	Period	Data
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Experience Period: 1/1/2018	to	12/31/2018
	<u>Total</u>	<u>PMPM</u>
Allowed Claims	\$242,436,954.82	\$828.80
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$215,503,011.18	\$736.72
Risk Adjustment	\$16,349,753.83	\$55.89
Experience Period Premium	\$221,699,295.97	\$757.91
Experience Period Member Months	292,515	

Section II: Projections

	Formation - Book of today	Year 1	Trend	Year 2	Trend	Torondo d SUD Allorend Sletter
	Experience Period Index	Cont	Utilization	Cont	Utilization	Trended EHB Allowed Claims
Benefit Category	Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM
Inpatient Hospital	\$102.96	1.000	1.080	1.000	1.080	\$120.09
Outpatient Hospital	\$123.27	1.000	1.075	1.000	1.075	\$142.45
Professional	\$186.55	1.020	1.060	1.020	1.060	\$218.08
Other Medical	\$38.44	1.050	1.020	1.050	1.020	\$44.09
Capitation	\$0.55	1.000	1.000	1.000	1.000	\$0.55
Prescription Drug	<u>\$158.77</u>	1.100	1.000	1.100	1.000	<u>\$192.11</u>
Total	\$610.54		-			\$717.38

Morbidity Adjustment		1.006
Demographic Shift		0.990
Plan Design Changes		1.010
Other		0.996
Adjusted Trended EHB Allowed Claims PMPM for	1/1/2020	\$718.72
Manual EHB Allowed Claims PMPM		\$719.31
Applied Credibility %		0.00%

Projected Period Totals

020 \$719.31	\$181,873,217.64
\$0.00	\$0.00
\$43.47	\$10,991,128.68
0.00%	<u>\$0.00</u>
\$675.84	\$170,882,088.96
252,844	
	\$0.00 \$43.47 <u>0.00%</u> \$675.84

Product-Plan Data Collection

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

GHMSI, Inc. 78079 Company Legal Name: To validate, select the Validate button or Ctrl + Shift + I.

HIOS Issuer ID: Effective Date of Rate Change(s): Market: To finalize, select the Finalize button or Ctrl + Shift + F. 1/1/2020

Product/Plan Le	vel Calculations
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r	Field # Section I: General Product and Plan Information		BluePrefered PPO															
-	1.1 Product Name 1.2 Product ID									BluePreteri 78079D								
· ·	1.2 Product ID	1	BluePreferred PPO Bl	luaDrafarrad DDO	RiugProferred PPO	BluePreferred PPO	BluePreferred PPO	RiugProferred DDO	Riug Professed DDO		HealthyBlue PPO	HealthyBlue PPO	HealthyBlue PPO E	Blue Preferred PPO	Riug Professori DDO I	BluePreferred PPO B	this Drafarrad DDO	RiugProferred PPO
	1.3 Plan Name		Gold 1000	Gold 500	HSA/HRA Silver	HSA/HRA Silver	Platinum 0	Platinum 500	Silver 1500	Gold 1500	HSA/HRA Silver	Platinum 1000	Platinum 500	Gold 1500	1000 90%/70%	HSA/HRA 2300	Silver 1500	HSA/HRA Silver
	1.4 Plan ID (Standard Component ID)		78079DC0220020 7	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025			78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035
	1.5 Metal		Gold	Gold	Silver	Silver	Platinum	Platinum	Silver	Gold	Silver	Platinum	Platinum	Gold	Gold	Silver	Silver	Silver
	1.6 AV Metal Value		0.820	0.820	0.718	0.719	0.920	0.911	0.719	0.812	0.699	0.898	0.903	0.820	0.813	0.719	0.720	0.719
	1.7 Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Terminated	Terminated	Terminated	Renewing	Renewing	Renewing	Renewing	New
	1.8 Plan Type		PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
	1.9 Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes
-	1.10 Effective Date of Proposed Rates 1.11 Cumulative Rate Change % (over 12 mos prior)		1/1/2020 17.02%	1/1/2020 16.84%	1/1/2020	1/1/2020	1/1/2020 16.39%	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020 16.62%	1/1/2020 17.50%	1/1/2020 17.83%	1/1/2020 17.40%	1/1/2020
· ·	1.11 Comulative Rate Change % (over 12 mos prior) 1.12 Product Rate Increase %		17.02%	10.84%	17.33%	18.02%	10.39%	10.10%	13.38%	16.52		0.00%	0.00%	10.02%	17.50%	17.83%	17.40%	0.00%
	1.13 Submission Level Rate Increase %									16.52								
14																		
Worksheet 1 Totals	Section II: Experience Period and Current Plan Leve	Information																
	2.1 Plan ID (Standard Component ID)	Total	78079DC0220020 7													78079DC0220033		78079DC0220035
\$242,436,955	2.2 Allowed Claims	\$162,350,378	\$20,400,672	\$17,026,454	\$4,072,446	\$5,775,235	\$64,729,079	\$23,254,315	\$2,042,779	\$5,992,488	\$1,137,015	\$812,622	\$2,219,302	\$10,713,247	\$909,651	\$298,906	\$2,966,166	\$0
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2.4 Member Cost Sharing	\$16,863,964 \$0	\$2,249,874 \$0	\$1,962,391 \$0	\$978,879 \$0	\$1,317,723 \$0	\$4,168,282	\$1,972,362 \$n	\$473,711 \$0	\$768,399 \$0	\$337,729 \$0	\$90,130 \$0	\$172,494 \$0	\$1,305,348 \$0	\$256,947	\$103,529 \$0	\$706,165 \$0	\$0
\$215 503 011	2.5 Cost Sharing Reduction 2.6 Incurred Claims	\$145,486,414	\$18.150.798	\$15,064,062	\$3.093.567	\$4 457 512	\$60 560 796	\$21,281,954	\$1,569,068	\$5,224,088	\$799 286	\$722,492	\$2,046,808	\$9 407 899	\$652,704	\$195.376	\$2 260 001	\$0 \$0
\$16,349,754	2.7 Risk Adjustment Transfer Amount	\$145,486,414	\$18,150,798	\$1,032,752	-\$154.411	-\$183.699	\$5,520,169	\$21,281,954	-\$96,381	\$5,224,088	-\$49.052	\$97.596	\$2,046,808	\$574.562	\$102.174	-\$17.119	-\$109,694	\$0
\$221,699,296	2.8 Premium	\$173,271,876	\$18,852,710	\$16,115,146	\$4,287,690	\$4,953,191	\$71,348,586	\$27,575,573	\$2,513,406	\$7,989,943	\$1,286,199	\$1,141,238	\$2,500,156	\$9,823,890	\$1,681,856	\$348,247	\$2,854,044	\$0
292,515	2.9 Experience Period Member Months	292,515	32,116	31,425	9,047	10,763	107,354	43,689	5,647	15,700	2,874	1,898	3,980	17,483	3,109	1,003	6,427	0
	2.10 Current Enrollment	22,556	2,310	2,909	611	673	8,498	3,269	416	1,171	166	150	333	1,288	296	98	368	0
	2.11 Current Premium PMPM	\$626.75	\$572.48	\$587.55	\$497.29	\$482.38	\$692.68	\$665.29	\$486.91	\$587.34	\$493.77	\$672.94	\$672.94	\$564.18	\$551.68	\$459.98	\$497.81	\$0.00
	2.12 Loss Ratio	79.06%	91.17%	87.85%	74.85%	93.46%	78.78%	71.36%	64.92%	61.42%	64.61%	58.32%	75.67%	90.47%	36.59%	59.00%	82.35%	#DIV/0!
	Per Member Per Month																	1
	2.13 Allowed Claims 2.14 Reinsurance	\$555.02 \$0.00	\$635.22 \$0.00	\$541.81 \$0.00	\$450.14 \$0.00	\$536.58 \$0.00	\$602.95 \$0.00	\$532.27 \$0.00	\$361.75 \$0.00	\$381.69 \$0.00	\$395.62 \$0.00	\$428.15 \$0.00	\$557.61 \$0.00	\$612.78 \$0.00	\$292.59 \$0.00	\$298.01 \$0.00	\$461.52 \$0.00	#DIV/0!
	2.15 Member Cost Sharing	\$57.65	\$70.05	\$62.45	\$108.20	\$122.43	\$38.83	\$45.15	\$83.89	\$48.94	\$117.51	\$0.00	\$43.34	\$74.66	\$82.65	\$103.22	\$109.87	#DIV/0!
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
	2.17 Incurred Claims	\$497.36	\$565.16	\$479.37	\$341.94	\$414.15	\$564.12	\$487.12	\$277.86	\$332.74	\$278.11	\$380.66	\$514.27	\$538.12	\$209.94	\$194.79	\$351.64	#DIV/0!
	2.18 Risk Adjustment Transfer Amount	\$36.71	\$32.86	\$32.86	-\$17.07	-\$17.07	\$51.42	\$51.42	-\$17.07	\$32.86	-\$17.07	\$51.42	\$51.42	\$32.86	\$32.86	-\$17.07	-\$17.07	#DIV/0!
	2 19 Premium	\$592.35	\$587.02	\$512.81	\$473.94	\$460.21	\$664.61	\$631.18	\$445.09	\$508.91	\$447.53	\$601.28	\$628.18	\$561.91	\$540.96	\$347.21	\$444.07	#DIV/0!
								*******	\$445.09				3020.10	77.0.0.0	3340.30			
	Section III: Plan Adjustment Factors 3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate 3.3 AV and Cost Sharing Design of Plan		78079DC0220020 7	0.8343	0.7091	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027 \$675.	1.0000	78079DC0220029	78079DC0220030	78079DC0220031 0.7995	78079DC0220032	0.6586	0.7102	78079DC0220035
	Plan ID (Standard Component ID) Warket Adjusted Index Rate AV and Cost Sharing Design of Plan AP Provider Network Adjustment		0.8141 1.0000	0.8343 1.0000	0.7091 1.0000	78079DC0220023 0.6919 1.0000	78079DC0220024 0.9797 1.0000	78079DC0220025 0.9386 1.0000	78079DC0220026 0.6721 1.0000	78079DC0220027 \$675. 1.0000 1.0000	1.0000 1.0000	78079DC0220029 1.0000 1.0000	78079DC0220030 1.0000 1.0000	78079DC0220031 0.7995 1.0000	78079DC0220032 0.7877 1.0000	0.6586 1.0000	0.7102 1.0000	78079DC0220035 0.6614 1.0000
	3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate 3.3 AV and Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to EHB		0.8141	0.8343	0.7091	78079DC0220023 0.6919 1.0000	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027 \$675.	1.0000	78079DC0220029	78079DC0220030	78079DC0220031 0.7995	78079DC0220032	0.6586	0.7102	78079DC0220035
[Plan ID (Standard Component ID) Warket Adjusted Index Rate AV and Cost Sharing Design of Plan AP Provider Network Adjustment		0.8141 1.0000	0.8343 1.0000	0.7091 1.0000	78079DC0220023 0.6919 1.0000 1.0002	78079DC0220024 0.9797 1.0000	78079DC0220025 0.9386 1.0000	78079DC0220026 0.6721 1.0000	78079DC0220027 \$675. 1.0000 1.0000	1.0000 1.0000	78079DC0220029 1.0000 1.0000	78079DC0220030 1.0000 1.0000	78079DC0220031 0.7995 1.0000	78079DC0220032 0.7877 1.0000	0.6586 1.0000	0.7102 1.0000	78079DC0220035 0.6614 1.0000
[3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate 3.3 AV and Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to EHB Administrative Costs 3.6 Administrative Expense 3.7 Taxes and Fees		0.8141 1.0000 1.0002 9.97% 6.08%	0.8343 1.0000 1.0002 9.97% 6.08%	0.7091 1.0000 1.0002 9.97% 6.08%	78079DC0220023 0.6919 1.0000 1.0002 9.97% 6.08%	78079DC0220024 0.9797 1.0000 1.0002 9.97% 6.08%	78079DC0220025 0.9386 1.0000 1.0002 9.97% 6.08%	78079DC0220026 0.6721 1.0000 1.0002 9.97% 6.08%	78079DC0220027 \$675. 1.0000 1.0000 1.0000 9.97% 6.08%	84 1.0000 1.0000 1.0000 9.97% 6.08%	78079DC0220029 1.0000 1.0000 1.0000 9.97% 6.08%	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.08%	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.08%	78079DC0220032 0.7877 1.0000 1.0002 9.97% 6.08%	0.6586 1.0000 1.0002 9.97% 6.08%	0.7102 1.0000 1.0002 9.97% 6.08%	78079DC0220035 0.6614 1.0000 1.0002 9.97% 6.08%
	3.1 Plan Io (Standard Component ID) 3.2 Market Aljusted Index Rate 3.3 AM and Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to EHB Administrative Costs 3.6 Administrative Expense 3.7 Taxés and Fees 3.7 Taxés and Fees		0.8141 1.0000 1.0002 9.97% 6.08% 3.40%	0.8343 1.0000 1.0002 9.97% 6.08% 3.40%	0.7091 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220023 0.6919 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220026 0.6721 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220027 \$675. 1.0000 1.0000 1.0000 9.97% 6.08% 3.40%	84 1.0000 1.0000 1.0000 9.97% 6.08% 3.40%	78079DC0220029 1.0000 1.0000 1.0000 9.97% 6.08% 3.40%	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.08% 3.40%	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220032 0.7877 1.0000 1.0002 9.7% 6.08% 3.40%	0.6586 1.0000 1.0002 9.97% 6.08% 3.40%	0.7102 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220035 0.6614 1.0000 1.0002 9.97% 6.08% 3.40%
	3.1 Flan ID (Standard Component ID) 3.2 Manter Algusted Index Rate 3.3 A Vand Cost Sharing Design of Plan 3.4 Provider Network Aglystment 3.5 Renefits in Addition to EHB Administrative Costs 3.6 Admissinative Expense 3.7 Admissinative Expense 3.8 Profit & Risk Load 3.9 Catastropick Adjustment		0.8141 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	0.8343 1.0000 1.0002 9.97% 6.08% 3.40%	0.7091 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220023 0.6919 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220026 0.6721 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220027 \$675. 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000	84 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000	78079DC0220029 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220032 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	0.6586 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	0.7102 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220035 0.6614 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000
	3.1 Plan Io (Standard Component ID) 3.2 Market Aljusted Index Rate 3.3 AM and Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to EHB Administrative Costs 3.6 Administrative Expense 3.7 Taxés and Fees 3.7 Taxés and Fees		0.8141 1.0000 1.0002 9.97% 6.08% 3.40%	0.8343 1.0000 1.0002 9.97% 6.08% 3.40%	0.7091 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220023 0.6919 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220026 0.6721 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220027 \$675. 1.0000 1.0000 1.0000 9.97% 6.08% 3.40%	84 1.0000 1.0000 1.0000 9.97% 6.08% 3.40%	78079DC0220029 1.0000 1.0000 1.0000 9.97% 6.08% 3.40%	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.08% 3.40%	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220032 0.7877 1.0000 1.0002 9.7% 6.08% 3.40%	0.6586 1.0000 1.0002 9.97% 6.08% 3.40%	0.7102 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220035 0.6614 1.0000 1.0002 9.97% 6.08% 3.40%
	3.1 Flan ID (Standard Component ID) 2.1 Manter Aljusted Inders Rate 3.3 M and Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to EHB Administrative Costs 3.6 Administrative Expense 3.7 Area 3.8 Profit & Risk Load 3.9 Catastrophic Adjustment 3.10 Plan Adjusted Index Rate	0.9375	0.8141 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	0.8343 1.0000 1.0002 9.97% 6.08% 3.40%	0.7091 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220023 0.6919 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220026 0.6721 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220027 \$675. 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000	84 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$839.03	78079DC0220029 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220032 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	0.6586 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	0.7102 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220035 0.6614 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000
	3.1 Flan ID (Standard Component ID) 3.2 Market Aujusted Indee Rate 3.3 AN and Cost Sharing Design of Plan 3.4 Provider Revent Adjustment 3.5 Benefits in Addition to EHB Administrative Expense 3.5 Administrative Expense 3.6 Administrative Expense 3.7 Administrative Expense 3.8 Administrative Expense 3.9 Catastrophic Adjustment 3.10 Plan Adjusted Indee Rate 3.11 Age Calibration Factor		0.8141 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	0.8343 1.0000 1.0002 9.97% 6.08% 3.40%	0.7091 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220023 0.6919 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220026 0.6721 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220027 \$675. 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$839.03	84 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$839.03	78079DC0220029 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220032 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	0.6586 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	0.7102 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220035 0.6614 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000
	3.1 Flan ID (Standard Component ID) 3.2 Market Aujustel mider Rate 3.3 AV And Cost Sharing Design of Plan 3.4 Provider Revent Adjustment 3.5 Renefits in Addition to the R Administrative Expense 3.5 Administrative Expense 3.6 Administrative Expense 3.7 Tases and Free 3.1 Provide Rate Load 3.1 Provide Rate Load 3.1 Provide Rate 3.1 D Flan Adjusted Index Rate 3.1 Reg Calibration Factor 3.11 Reg Calibration Factor 3.12 Geographic Calibration factor	0.9375	0.8141 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5683.19	0.8343 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5700.14	0.7091 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$595.08	78079DC0220023 0.6919 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5580.64	78079DC0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$822.16	780790C0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$787.67	78079DC0220026 0.6721 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$564.03	78079DC0220027 S6757 1.0000 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$839.03 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.000000 1.000000 1.00000 1.00000 1.000000 1.00000000 1.0000000000	84 1,000 1,0	78079DC0220029 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$839.03	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$839.03	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.08% 1.0000 \$570.94	78079DC0220032 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$661.04	0.6586 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$552.70	0.7102 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$596.00	786790C0220035 0.6614 1.0000 1.00002 9.97% 6.08% 3.40% 1.0000 \$555.05
	3.1 Plan ID (Standard Component ID) 3.2 Mantet Aljusted Index Rate 3.3 AN and Cost Sharing Design of Plan 3.4 Provider Network Aglustment 3.5 Benefits in Addition to LHB Administrative Costs 3.6 Administrative Expense 3.7 Taxes and Trees 3.8 Profit & Risk Load 3.9 Catastrophic Adjustment 3.10 Plan Adjusted Index Rate 3.11 Age Calibration Factor	0.9375 1.0000	0.8141 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	0.8343 1.0000 1.0002 9.97% 6.08% 3.40%	0.7091 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220023 0.6919 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5580.64	78079DC0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220026 0.6721 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220027 S675. 1.0000 1.00000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.000	84 1.000 1.000 1.000 9.97% 6.08% 3.40% 1.0000 \$839.03	78079DC0220029 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	78079DC0220032 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	0.6586 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000	0.7102 1.0000 1.0002 9.97% 6.08% 3.40%	78079DC0220035 0.6614 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000
	3.1 Fina ID (Standard Component ID) 3.2 Market Aujustel mider Rate 3.3 A Vand Cost Sharing Design of Plan 3.3 Provider Revent Adjustment 3.5 Renefits in Addition to Britis Administrative Logist 3.6 Administrative Expense 3.7 Taxes and Free 3.8 Profit & Risk Lood 3.9 Catastronic Adjustment 3.10 Plan Adjustment 3.10 Plan Adjustment 3.11 Age Californio Factor 3.11 Georgraphic Californio Factor 3.12 Californio Factor 3.13 Tobacc Californio Factor 3.14 Californio Factor 3.15 Californio Factor 3.16 Californio Factor	0.9375 1.0000	0.8141 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5683.19	0.8343 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5700.14	0.7091 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$595.08	78079DC0220023 0.6919 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5580.64	78079DC0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$822.16	780790C0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$787.67	78079DC0220026 0.6721 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$564.03	78079DC0220027 S675 1.0000 1.0000 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$839.03 1.000 1.0000	84 1,000 1,0	78079DC0220029 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$839.03	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$839.03	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.08% 1.0000 \$570.94	78079DC0220032 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$661.04	0.6586 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$552.70	0.7102 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$596.00	786790C0220035 0.6614 1.0000 1.00002 9.97% 6.08% 3.40% 1.0000 \$555.05
	3.1 Fina In (Standard Component ID) 2.3 Manter Aljusted Index Rate 3.3 A yand Cost Sharing Design of Plan 3.4 Provider Network Aglustment 3.5 Benefits in Addition to LHB Administrative Expense 3.6 Administrative Expense 3.7 Taxes and Trees 3.8 Profit & Risk Load 3.9 Catastrophic Adjustment 3.10 Plan Adjusted Index Rate 3.11 Age Capitaristion Factor 3.11 Age Calibration Factor 3.12 Canage Calibration Factor 3.13 Collabration Factor 3.14 Calibrated Plan Adjusted Index Rate Section IV: Projected Plan Level Information	0.9375 1.0000	0.8141 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5683.19	0.8343 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$700.14	0.7091 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$595.08	78079DC0220023 0.6919 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5580.64	780790C0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$822.16	780790C0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$787.67	78079DC0220026 0.6721 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5564.03	78079DC0220027 S675. 1.0000 1.0000 1.0000 1.0000 9.97% 6.08% 1.0000 \$3.40% 1.0000 \$839.03 1.0000 \$786.59 1.0000 5786.59	84 1.00000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.000	78079DC0220029 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$839.03	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.08% 1.0000 \$3.40% 1.0000 \$839.03	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$670.94	78079DC0220032 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$661.04	0.6586 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$552.70	0.7102 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5596.00	780790C0220035 0.6614 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$555.05
	3.1 Fina ID (Standard Component ID) 3.2 Market Aujustel mider Rate 3.3 A Vand Cost Sharing Design of Plan 3.3 Provider Revent Adjustment 3.5 Renefits in Addition to Britis Administrative Logist 3.6 Administrative Expense 3.7 Taxes and Free 3.8 Profit & Risk Lood 3.9 Catastronic Adjustment 3.10 Plan Adjustment 3.10 Plan Adjustment 3.11 Age Californio Factor 3.11 Georgraphic Californio Factor 3.12 Californio Factor 3.13 Tobacc Californio Factor 3.14 Californio Factor 3.15 Californio Factor 3.16 Californio Factor	0.9375 1.0000	0.8141 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5683.19	0.8343 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$700.14	0.7091 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$595.08	78079DC0220023 0.6919 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5380.64	780790C0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$822.16	780790C0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$787.67	78079DC0220026 0.6721 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5564.03	78079DC0220027 S675. 1.0000 1.0000 1.0000 1.0000 9.97% 6.08% 1.0000 \$3.40% 1.0000 \$839.03 1.0000 \$786.59 1.0000 5786.59	84 1.00000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.000	78079DC0220029 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$839.03	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.08% 1.0000 \$3.40% 1.0000 \$839.03	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$670.94	78079DC0220032 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$661.04	0.6586 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$552.70	0.7102 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5596.00	780790C0220035 0.6614 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$555.05
	3.1 Fina ID (Standard Component ID) 3.2 Market Algusted Index Rate 3.3 A Vand Cost Sharing Design of Plan 3.4 Provider Reventy Adjustment 3.5 Benefits in Addition to EHB Administrative Costs 3.6 Administrative Expense 3.7 Taxes National Standard	0.9375 1.0000 1.0000 Total 5183,973,836	0.8141 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$683.19	0.8343 1.0000 1.0002 9.978 6.389 1.0000 5700.14	0.7091 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$595.08	78079DC0220023 0.6919 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5380.64 5544.35 78079DC0220023 56,098.215	780790C0220024 0.9797 1.0000 1.0002 9.97% 6.08% 1.0000 \$822.16 \$770.78	78079DC0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5787.67 \$738.44 78079DC0220025 \$35,919.101	780790C0220026 0.6721 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5564.03 \$528.77 780790C0220026 \$3,360,957	78079DC0220027 5675 5675 1.0000 1.0000 1.0000 9.97% 6.08% 1.0000 5339 031 0.937 1.0000 5786.59 78079DC0220027 50	84 1.00000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.000	78079DC0220029 1.0000 1.0000 1.0000 3.0000 9.9.7% 6.08% 1.0000 \$839.03 \$786.59 78079DC0220029 \$0 \$0	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.00% 3.40% 1.0000 5839.03 5786.59 78079DC0220030 50 50	78079DC0220031 0.7995 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$670.94 78079DC0220031 \$10424,372	78079DC0220032 0.7877 1.0000 1.0002 9.976 6.08% 3.40% 1.0000 5661.04 78079DC0220032 \$2,565,215	0.6586 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$552.70	0.7102 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5596.00	780790C0220035 0.6614 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5555.05
	3.1 Plan ID (Standard Component ID) 3.2 Manket Aljusted Index Rate 3.3 A yand Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to EHB Administrative Expense 3.6 Administrative Expense 3.7 Taxes and Frees 3.8 Profit & Risk Load 3.9 Catastrophic Adjustment 3.10 Plan Adjusted Index Rate 3.11 Age Calibration Factor 3.11 Plan Calibration Factor 3.12 Geographic Calibration Factor 3.13 Tobacco Calibration Factor 3.14 Calibrated Plan Adjusted Index Rate Section IV: Projected Plan Level Information 4.1 Plan ID (Standard Component ID) 4.2 Allowed Calibration 4.2 Allowed Calibration 4.3 Reinsurance	0.9375 1.0000 1.0000 Total 5183,973,836 50 521,870,448	0.8141 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5683.19 5640.49 780790C0220020 7 518,300,187 53,388,751	0.8343 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5700.14 \$656.39	0.7091 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$595.08	78079DC0220023 0.6919 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5580.64 5544.35 78079DC0220023 56,098.215 5.098.215	78079DC0220024 0.9797 1.0000 1.0002 9.97% 6.08% 1.0000 \$822.16 \$770.78	780790C0220025 0.9386 1.0000 1.0002 9.97% 6.08% 1.0000 \$787.67 \$738.44 \$738.45 \$53,919.101 \$0.000 \$3,905,000 \$0.0000 \$0.0000 \$0.0000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.0000 \$0.0000 \$0.0000	780790C0220026 0.6721 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$564.03 \$528.77	78079DC0220027 5675 1.00000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.000	84	78079DC0220029 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$839.03	78079DC0220030 1.0000 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$839.03	780790C0220031 0.7995 1.0000 1.0002 9.97% 6.08% 1.0000 5670.94 5629.01 5629.01 5010424,372 5010424,372 5010424,372	78079DC0220032 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$661.04 \$661.04	0.6586 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5592.70 518.15	0.7102 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$596.00 \$558.75	780790C0220035 0.6614 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5555.05 5520.36
	3.1 Plan ID (Standard Component ID) 3.2 Market Algusted Index Rate 3.3 A Market Algusted Index Rate 3.3 A more Algusted Index Rate 3.4 Provider Reventy Adjustment 3.5 Benefits in Addition to EHB Administrative Expense 3.6 Administrative Expense 3.7 Taxes Market Rate 3.8 Profit & Risk Load 3.9 Catastroider Adjustment 3.10 Plan Adjusted Index Rate 3.11 Age Calibration Factor 3.11 Geographic Calibration Factor 3.13 Proseco Calibration Factor 3.14 Calibrated Rate Section IV: Projected Plan Level Information 4.1 Plan ID (Standard Component ID) 4.2 Rioused Calibration 4.4 Reiner Rate Reduction 4.4 Reiner Reduction 4.5 Cost Sharing Reduction	0.9375 1.0000 1.0000 Total 5183,973,836 521,879,444	0.8141 1.0000 1.0002 9.97% 6.08% 1.40% 1.0000 5683.19 78079DC0220020 7818,300.187 53,081,751	0.8343 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$700.14 \$5656.39 \$780790C0220021 \$24,992,876 \$3,693,947	0.7091 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$595.08	78079DC0220023 0.6919 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5380.64 \$5544.35 \$78079DC0220023 \$5,098.215 \$0.958.215	780790C0220024 0.9797 1.0000 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$522.16 \$770.78	780790C0220025 0.9386 1.0000 1.0000 1.0000 5.0000 1.0000 5.787.57 5.738.44	780790C0220026 0.6721 1.0000 1.0002 9.975 6.0855 1.0000 5564.03 5528.77 780790C0220026 \$3,86937 5942,748	78079DC0220027 5675. 1.0000 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 5819.03 1.000 5785.59 78079DC0220027 50 50 50	84 1.0000 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$839.03 7500 5786.59	780790C0220029 1.0000 1.0000 1.0000 9.97% 6.68% 3.40% 1.0000 5839.03 5786.59 780790C0220029 90 90 90 90 90	780790C0220030 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 5813.03 5786.59 780790C0220030 50 50	78079DC0220031 0.7995 1.0000 1.0000 1.0002 9.97% 6.08% 1.0000 5670.34 78079DC0220031 510424,372 50 51,910,787	78079DC0220032 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5661.04 \$619.72 78079DC0220032 \$52,565,215 \$501,243 \$501,243	0.6586 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$552.70 \$552.70 \$558.15	0.7102 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5596.00 5558.75 780790C0220034 52,641,663 5,541,663 5,641,663 5,642,895	780790C0220035 0.6614 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$555.05 \$5520.36 780790C0220035 \$99.139 \$99.135,341
	3.1 Plan ID (Standard Component ID) 3.2 Manket Aljusted Index Rate 3.3 AN and Cost Sharing Design of Plan 3.4 Provider Network Aglustment 3.5 Benefits in Addition to EHB Administrative Expense 3.5 Administrative Expense 3.6 Administrative Expense 3.7 Taxes and Frees 3.8 Profit & Risk Load 3.9 Catastrophic Adjustment 3.10 Plan Adjusted Index Rate 3.11 Age Calibration Factor 3.11 Age Calibration Factor 3.12 Georgraphic Calibration Factor 3.13 Tobacco Calibration Factor 3.14 Calibrated Plan Adjusted Index Rate Section IV: Projected Plan Level Information 4.1 Plan ID (Standard Component ID) 4.2 Allowed California 4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.5 Incurred Claims	0.9375 1.0000 1.0000 5031 5031 504 504 505 505 505 505 505 505 505 505	0.8141 1.0000 1.0002 9.97% 6.08% 1.4006 1.0000 5883.19 5640.49 2807900220020 781330.187 5183.30.187 5183.0187 5183.0187 5183.0187	0.8341 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 5700.14 5500.14 5500.14	0.7091 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$595.08 \$557.88 \$557.88 \$557.88 \$557.88	780790C0220023 0.58319 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5580.64 780790C0220023 780790C0220023 5.008.215	780790C0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$822.16 \$770.78 780790C0220024 \$780790C0220024 \$573.963.990 \$9.548.855.54	780790C0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$787.67 780790C0220025 50 \$3.959,50.50 \$5.959,50.50 \$5.959,50.50	780790C0220026 0.6721 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5564.03 780790C0220026 780790C0220026 53.820,977 50.300,977 50.3	780790C222027 [84 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$349.03 750 9.780790C0220028 \$0 \$0 \$0 \$0 \$0	780790C0220029 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$\$3.40% 1.0000 \$\$3.9.03 \$\$786.59 \$\$786.59 \$\$9 \$\$9 \$\$9 \$\$9 \$\$9	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 5839.03	780790CD220031 0.7795 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$570.94 \$629.01 780790CD220031 \$10022 510424.372 50 \$1,51910.787	780790C0220032 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5661.04 5681.972 780790C0220032 503.973 503.933 503.933	0.6586 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5592.70 518.15	0.7102 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5596.00 5596.00	780790C0220035 0.6614 1.0000 1.0002 9.97% 6.628% 3.40% 1.0000 \$555.05 \$5520.36 780790C0220015 \$995.139 \$515.341 \$515.341 \$51.341
	3.1 Plan ID (Standard Component ID) 3.2 Market Aljusted Index Rate 3.3 A vand Cost Sharing Design of Plan 3.4 Provider Reventy Adjustment 3.5 Benefits in Addition to EHB Administrative Costs 3.6 Administrative Expense 3.7 Taxes Have Standard Standa	0.9375 1.0000 1.0000 5188.979.836 521.879.444 9.512.01.3392 510.079.0105	0.8141 1.0000 1.0002 9.97% 6.08% 1.40% 1.0000 5683.19 780790C0220020 7818,300.187 5.33,081,751 5.53,081,751 5.53,518,435 5885,525 5885,525	0.8341 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5700.14 5700.14 5756.39 5359.347 5359.347 531.393.347 531.393.347	0.7091 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$595.08 \$557.88 \$7807900222022 \$4,433,947 \$3,072,065 \$3,381,882 \$24,431,882	780790C0220023 0.69319 1.0000 1.0000 3.97% 6.08% 1.40% 1.0000 5580.64 5580.64 780790C0220023 5580.8215 558.227 50 555.15.428 555.15.428	78079DC0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$822.16 \$770.78 78079DC0220024 \$770.78 9.5448,554 \$9.5446,554	780790C0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5787.67 780790C0220025 535,919.101 53595.502 50 5121215.99	780790C0220026 6 0.6721 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5564.03	7807900220027 7 5075 5075 1,0000 1,0000 1,0000 1,0000 1,0000 9,976 6,0878 1,0000 581,01 1,0000 581,01 1,0000 581,01 1,0000 581,01 1,0000 581,01 1,0000 581,01 1,0000 581,01 1,0000 581,01 581,0	84 1.0000 1.0000	780790C0220029 1.0000 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 5839.03 5786.59 780790C0220029 50 50 50 50 50	780790C0220030 1.0000 1.0000 1.0000 1.0000 9.97k 6.089k 3.409k 1.0000 5833.03 5786.59 780790C0220030 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.	78079DCD220031 0.7995 01 1.0000 1.0000 1.0000 9.97% 6.08% 1.0000 5670.94 78079DCD220031 \$10,424,372 \$3,504,515,585 \$3,504,515,585	780790C0220012 0.7877 1.0000 1.0002 9.975 6.0895 3.4095 1.0000 5566.04 780790C0220012 52.565.215 50.0501,243 50.0572 50.1,372	0.6586 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5552.70 5518.15 78079DC0220033 2859.375 5253,344 500,002	0.7102 1.0000 1.0002 9.97% 6.06% 3.40% 1.0000 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00	780790C0220035 0.6614 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5553.05 5520.36 780790C0220035 5395.139 5515.341 50 52737.788
	3.1 Plan ID (Standard Component ID) 3.2 Manket Aljusted Index Rate 3.3 AN and Cost Sharing Design of Plan 3.4 Provider Network Aglustment 3.5 Benefits in Addition to EHB Administrative Expense 3.5 Administrative Expense 3.6 Administrative Expense 3.7 Taxes and Frees 3.8 Profit & Risk Load 3.9 Catastrophic Adjustment 3.10 Plan Adjusted Index Rate 3.11 Age Calibration Factor 3.11 Age Calibration Factor 3.12 Georgraphic Calibration Factor 3.13 Tobacco Calibration Factor 3.14 Calibrated Plan Adjusted Index Rate Section IV: Projected Plan Level Information 4.1 Plan ID (Standard Component ID) 4.2 Allowed California 4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.5 Incurred Claims	0.9375 1.0000 1.0000 5031 5031 504 504 505 505 505 505 505 505 505 505	0.8141 1.0000 1.0002 9.97% 6.08% 1.4006 1.0000 5883.19 5640.49 2807900220020 781330.187 5183.30.187 5183.0187 5183.0187 5183.0187	0.8341 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 5700.14 5500.14 5500.14	0.7091 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$595.08 \$557.88 \$557.88 \$557.88 \$557.88	780790C0220023 0.58319 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5580.64 780790C0220023 780790C0220023 5.008.215	780790C0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$822.16 \$770.78 780790C0220024 \$780790C0220024 \$573.963.990 \$9.548.855.54	780790C0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$787.67 780790C0220025 50 \$3.959,50.50 \$5.959,50.50 \$5.959,50.50	780790C0220026 0.6721 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5564.03 780790C0220026 780790C0220026 53.820,977 50.300,977 50.3	780790C222027 [84 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$349.03 750 9.780790C0220028 \$0 \$0 \$0 \$0 \$0	780790C0220029 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$\$3.40% 1.0000 \$\$3.9.03 \$\$786.59 \$\$786.59 \$\$9 \$\$9 \$\$9 \$\$9 \$\$9	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 5839.03	780790CD220031 0.7795 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$570.94 \$629.01 780790CD220031 \$10022 510424.372 50 \$1,51910.787	780790C0220032 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5661.04 5681.972 780790C0220032 503.973 503.933 503.933	0.6586 1.0000 1.0002 9.97% 6.08% 1.0000 5552.70 5518.15 780790C0220033 5859.375 5859.375 5959	0.7102 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5596.00 5596.00	780790C0220035 0.6614 1.0000 1.0002 9.97% 6.628% 3.40% 1.0000 \$555.05 \$5520.36 780790C0220015 \$995.139 \$515.341 \$515.341 \$51.341
	3.1 Fina To (Standard Component ti) 3.2 Market Aujusted Index Rate 3.3 A Market Aujusted Index Rate 3.3 A Provider Revent Adjustment 3.3 Revented Revent Adjustment 3.5 Renefits in Addition to EHB Administrative Expense 3.5 Administrative Expense 3.6 Administrative Expense 3.7 Administrative Expense 3.8 Administrative Expense 3.9 Administrative Expense 3.1 Agree Calastrophic Adjustment 3.1 Plans Adjusted Index Rate 3.1 Agree Calastrophic Adjustment 3.1 Ceographic Calibration Factor 3.1 Ceographic Calibration Factor 3.1 Calastrophic Plans Adjusted Index Rate 3.1 Calastrophic Calibration Factor 3.1 Calibrated Plans Adjusted Index Rate 3.1 Calibrated Plans Adjusted Index Rate 4.1 Plans 10 Standard Component ti) 4.2 Allowed Calibration 4.5 Plans 10 Standard Component ti) 4.5 Cate Sharing Reduction 4.6 Recurred Cest Sharing 4.7 Six Adjustment Transfer Amount 4.8 Premium 4.8 Premium	0.9375 1.0000 1.0000 5188.973.836 50 521,870,481 50 5162,103,392 510,707,105	0.8141 1.0000 1.0002 9.97% 6.08% 1.0000 5683.19 5640.49 280790C020020 5183.00.187 5183.00.187 5183.00.187 5183.0187	0.8343 1.0000 1.0002 9.97% 6.08% 3.40% 5700.14 \$656.39 \$656.39 \$1,0000 \$700.14	0.7091 1.0000 1.0000 9.97% 6.08% 1.4000 5095.08 5395.08 5395.08 54,453,947 50 53,348,822 53,348,822 53,348,822	78079C0220031 0.6919 1.0000 1.0002 1.0000 1.0002 0.9757 6.6087 1.0000 5580.64 78079C0220031 56.0825 55.682,87 50 50 55.582,87 50 55.582,87	780790C0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$822.16 \$770.78 \$780790C0220024 \$780790C0220024 \$50.500.0000 \$50.500.00000 \$50.500.0000000000	780790C0220025 0.9386 1.0000 1.0002 1.0002 9.979.5 6.08% 1.0000 5787.67 5738.44 780790C0220025 535.919.100 535.919.100 535.919.100 535.919.100 535.919.100 535.919.100 535.919.100	780790C0220026 0.6721 1.0000 1.0002 8.9755, 6.08% 1.0000 5564.01 780790C0220026 53.00.997 53.00.907	7807900220027 7 5075 5075 1,0000 1,0000 1,0000 1,0000 1,0000 9,976 6,0878 1,0000 581,01 1,0000 581,01 1,0000 581,01 1,0000 581,01 1,0000 581,01 1,0000 581,01 1,0000 581,01 1,0000 581,01 581,0	84 1.0000 1.0000	780790C0220029 1.0000 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 5839.03 5786.59 780790C0220029 50 50 50 50 50	780790C0220030 1.0000 1	78079DCD220031 0.7995 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$570.94 \$629.01 78079DCD220031 5010424,372 5015 510424,372 505 510424,372 505 581,515,506	780790C0220032 0.7877 1.0000 1.0002 0.93793 0.0505 1.0000 5061.04 5661.04 780790C0220032 2565.215 2	0.6586 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5552.70 5518.15 78079DC0220033 2859.375 5253,344 500,002	0.7102 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 5596.00 5596.00 5596.00 5596.00	78079CC0220035 0.6614 1.0000 1.0002 9.975 6.0285 3.4095 1.0000 5555.05 5520.36 78079CC0220035 \$\$185.199 5515.34 5520.36 5527.798 521.920
	3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate 3.3 A Mark Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to EHB Administrative Costs 3.6 Administrative Expense 3.7 Taxes and Trees 3.8 Profit & Risk Load 3.9 Catastropide Adjustment 3.10 Plan Adjusted Index Rate 3.11 Age Calibration Factor 3.12 Geographic Calibration Factor 3.13 Tobacco Calibration Factor 3.14 Calibration Factor 3.15 Calibration Factor 3.16 Calibration Factor 4.17 Plan (Standard Component ID) 4.2 Allowed Calibration 4.3 Reinurance 4.4 Member Cost Sharing 4.5 Cost Sharing Beduction 4.5 Fourier Edition 4.6 Fourier Claims 4.7 Risk Adjustment Transfer Amount 4.8 Prenium 4.9 Projected Member Months 4.10 Projected Member Months	0.9375 1.0000 1.0000 5183.973.836 521.879,444 50.0070105 5318.0083.8313 531.0070105 531.0070105 531.0070105 531.0070105	0.8141 1.0000 9.97% 6.08% 1.0005 1.0000 5683.15 5640.49 780790C0220020 7 518,300,187 53,881,751 53,881,751 585,752 585,753 585	0.8343 1.0000 1.0002 9.97% 6.08% 1.0000 5700.14 5556.39 980790C0220021 534,992.876 535,993,947 531,293,373 541,394,394 541,394,394 541,394,394 541,394,394 541,394,394 541,394,394 541,394,394 541,394,394 541,394,394 541,394,394 541,394,394 541,394,394 541,394,394 541,394,394 541,394,394 541,394,394 541,394,394 541,394,394 541	0.7091 1.0000 1.0000 9.97% 6.08% 1.40% 5.555.08 5557.88 5557.88 545.90 5	780790C0220023 0.6919 1.0000 1.0002 9.97% 6.08% 1.40% 1.0000 5580.64 5580.64 5580.64 5580.65 5580.6	78079DC0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$822.16 \$770.78 78079DC0220024 \$73,969.990 54485,544 55.610084 \$81,00.567	780790C0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5787.67 778790C0220025 535.919.101 5355.519.103 535.55.502 532224478 537703.525	780790C0220026 0.6721 1.0000 1.0002 9.97% 6.08% 1.40% 1.0000 5564.03 5528.77 5528.77 5528.77 5528.78 5528.78 5528.78 5528.78 5528.79 5528.78	780790C22027 7 5075 1,0000 1,0	84 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 5.000	780790C0220029 1.0000 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$839.03 \$780.59 9.00 9.00 9.00 9.00 9.00 9.00 9.00	78079DC0220090 1.0000 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 5839.03 5786.59 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5670.54 5629.01 5629.01 5610.220031 510.2220031 510.224.372 510.224.372 510.254.373 510.254.373 510.254.373	78079CC0220012 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$661.04 \$661.72 78079CC0220012 \$2,556.15 50.240 \$5.50.240 \$5.50.240 \$5.50.27 \$2.50.372 \$2.50.372 \$2.50.372 \$3.5	0.6586 1.0000 1.0000 9.97% 6.65% 1.0000 5552.70 5552.70 5552.70 5552.70 5552.70 5552.70 5552.70 5552.70 5552.70 5552.70 5552.70	0.7102 1.0000 1.0002 9.97% 6.08% 1.0000 5596.00 5596.00 5598.75 780790C0220034 52,641,463 52,641,463 52,641,463 52,641,463 52,641,463 52,641,463 52,641,463 52,641,463 52,641,463 52,641,463 52,641,463 52,641,463 52,641,463 54,641,46	780790C0220035 0.6614 1.0000 1.00002 9.97% 6.08% 3.40% 1.0000 5555.05 \$520.36 780790C0220035 \$595.139 \$515.341 \$52.379,798 \$512.397 \$512.397 \$512.397 \$512.397
	3.1 Fina To (Standard Component ID) 3.2 Market Aujusted Indee Rate 3.3 A yand Cost Sharing Design of Plan 3.3 Provider Revent Adjustment 3.5 Renefits in Addition to Britl Administrative Expense 3.6 Administrative Expense 3.7 Taxes and Free 3.8 Provid & Risk Lood 3.1 Extraction Addition to Britl Administrative Expense 3.3 Crass and Free 3.3 Crass and Free 3.3 Crass and Free 3.1 Grass and Free 3.2 Grass and Free 3.3 Grass and Free 3.3 Grass and Free 3.4 Reinmann 4.3 Preprinted 4.4 Reinmann 4.5 Premium 4.5 Premium 4.6 Premium 5.7 Grass and Free 7. Grass and Free 8.7 Grass and Free 8.7 Grass and Free 9.7 Grass and	0.9375 1.0000 1.0000 5183,973,836 513,770,441 5182,013,975 5182,013,97	0.8141 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5683.19 780790C220000 5152,183 5300,187 515,200,187 515,	0.8343 1.0000 1.0002 9.97% 6.08% 1.0000 1.0000 5700.14 5656.39 505 505 505 505 505 505 505 505 505 50	0.7091 1.0000 1.0000 9.97% 6.08% 1.0000 5595.08 1.0000 5595.08 5557.88 5557.88 5557.88 5557.88 566.68 578.78 578.78 578.78 58.	78079C0220023 0.6919 1.0000 1.0002 9.0755 1.0000 1.0002 9.0755 1.0000 5380.64 5544.35 78079C0220023 56,084.215 56,084.215 57,544.35 1.0000 5380.64 1.0000 1.	78079DC0220024 0.9797 1.0000 1.0002 9.9796 6.0089 1.0000 5827.16 5770.78 5770.78 5770.78 584.950 585.950 585.950	780790C0220025 0.9386 1.0000 1.0002 9.975% 6.008% 1.0000 5787.67 5738.44 5738.91910 53595.500 53595.500 53793.25 537793.25 537793.25 537793.25	780790C0220026 0.6721 1.0000 1.0002 9.9755, 6.0005, 1.0000 5564.01 5528.77 780790C0220026 53.80,937 53.80,937 53.80,937 53.80,937 53.80,937 53.80,937 53.80,937 53.80,937 53.80,937 53.80,937 54.80,937 54.80,937 55.80,937	780790C0220027 5075	84 1,00000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,00000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,00000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,00000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,00000 1,0000 1	78079DC0220029 1.0000 1.0000 1.0000 1.0000 9.9750 6.0000 1.0000 5839.03 5786.59 78079DC0220029 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.	780790C0220030 1.0000 1.0000 1.0000 1.0000 9.978. 6.088. 1.0000 \$539.03 5786.59 780790C0220030 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.	78079DCD220031 0.7995 1.0000 1.0002 9.9737, 6.0085 1.0000 5670.94 5670.94 5629.01 510.424,372 501.424,	78079C0220012 0.7877 1.0000 1.0002 9.978 3.400 3.400 5661.04 5661.04 5662.04 5663.72 780795C0220012 52565.135 501.243 51.5400 5240 5340.72 5350.243 5362.64 5	0.6586 1.0000 1.0002 9.978, 6.088, 1.0000 5552.70 5518.15 5518	0,7102 1,0000 1,0002 9,97% 6,08% 1,40% 1,0000 5596.00	780790C0220035 0.6614 1.0000 1.0002 9.97% 6.08% 1.0000 5555.05 5520.36 780790C0220035 \$395,139 \$51,590 \$515,501 \$515,501 \$51,500 \$515,501 \$51,501 \$51,500 \$5
	3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate 3.3 A Mark Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to EHB Administrative Expense 3.6 Administrative Expense 3.6 Administrative Expense 3.8 Profit & Risk Load 3.10 Taxas and Free 3.8 Profit & Risk Load 3.10 Catatrophic Adjustment 3.10 Plan Adjusted Index Rate 3.11 Age Calibration Factor 3.12 Geographic Calibration Factor 3.13 Tooksoo Calibration Factor 3.14 Calibration Factor 3.15 Calibration Factor 3.16 Calibration Factor 4.17 Plan (Standard Component ID) 4.2 Rinner Calibration Factor 4.3 Plan (Standard Component ID) 4.4 Rember Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incursed Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.10 Part Diss Ratio Per Member Per Month 4.11 Rilowed Claims 4.12 Reinsurance	0.9375 1.0000 1.0000 5183.973.836 521.870.444 5310.7010	0.8141 1.0000 1.0002 9.97% 6.08% 1.40% 1.40% 1.0000 5683.19 5640.49 780790C0220020 7 518,300,187 53.88,751	0.8343 1.0000 1.0000 9.97% 6.08% 1.0000 1.0000 1.0000 5700.14	0.7091 1.0000 1.0000 9.97% 6.08% 1.40% 1.0000 5955.08 5557.88 5557.88 5587.87 54.53.947 5.53.81,862 5.54.61,962 5.	78079C0220023 0.6919 1.0000 1.0002 9.97% 6.08% 1.40% 1.0000 5580.64 1.0000 5580.64	780790C0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$822.16 \$770.78 \$780790C0220024 \$78089554 \$5488554 \$5488556 \$56974447 \$8561086567 \$95.555 80.18%	780790C0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5787.67 780790C0220025 535.919.101 535.919.102 53.59.502 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.90 53.2121	780790C0220026 0.6721 1.0000 1.0002 1.0002 1.0002 1.0002 1.0002 1.0002 1.0002 1.0002 1.0002 1.0002 1.0000 5.564.03 5.564.03 1.0000 5.564.03 5.564.0	780790C220027 780790C220027 5075.7 1.00000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000	84 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.000000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.000000 1.000000 1.000000 1.00000 1.00000 1.000000 1.00000 1.000000 1.00000 1.00000 1.000000	780790C0220029 1.0000 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$5839.03 \$780790C0220029 9.00 9.00 9.00 9.00 9.00 9.00 9.	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$589.03 \$78079C0220030 \$590 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5670.94 5629.01 500.424,372 510.424,372	78079C0220032 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5661.04 78079C0220032 78079C0220032 5550,240 550,240 540,340 540,340 540,340 540,340 540,340 540,340 540,340 540,340 540,340 540,340 540,340	0.6586 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 5552.70	0.7102 1.0000 1.0000 9.97% 6.08% 1.40% 1.0000 5596.00	780790C0220035 0.6614 1.0000 1.00002 9.97% 6.08% 3.40% 1.0000 \$555.05 \$520.36 780790C0220015 \$595.139 \$515.341 \$50 \$5279.798 \$521.545 \$590 \$515.545 \$590 \$515.545 \$590 \$515.545 \$590 \$515.545 \$590 \$515.545 \$590 \$515.545 \$590 \$515.545 \$590 \$515.545 \$590 \$572.010
	3.1 Fina To (Standard Component ID) 3.2 Market Aujustel mider Rate 3.3 A yand Cost Sharing Design of Plan 3.3 Frouder Revent Adjustment 3.5 Benefits in Addition to Britl Administrative Logist 3.6 Administrative Expense 3.7 Tasses and Frees 3.8 Profit & Risk Lood 3.10 Extension Adjustment 3.10 Plan Adjusted Index Rate 3.10 Plan Adjusted Index Rate 3.11 Age Calibration Factor 3.12 Calibration Factor 3.13 Calibration Factor 3.14 Calibration Factor 3.15 Plan Adjusted Index Rate Section IV: Projected Plan Level Information 4.1 Plan ID (Standard Component ID) 4.2 Rilowed Claims 4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Brouried Claims 4.7 Plas Adjustment Transfer Amount 4.7 Plas Adjustment Transfer Amount 4.9 Plas Adjustment Transfer Amount 4.1 Planel Calibra 4.1 Reinsurance	0.9375 1.0000 1.0000 5883,973,836 531879,444 510,073,1075 5310,0735 5310,0735 5310,0735 5310,0735 5310,0735 5310,0735 5310,0735	0.8141 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5683.19 5640.49 780790C0220020 518,100,187 515,1218,100,187 515,100,187	0.8343 1.0000 1.0002 9.97% 6.08% 1.0000 1.0000 5700.14 \$555.39 \$555.39 \$570.20 \$1,209.37 \$2,498.27 \$1,298.27 \$2,298.27 \$1,298.27 \$1,298.27 \$2,298.27 \$1,298.	0.7091 1.0000 1.0000 3.97% 6.08% 1.0000 5.955.08 1.0000 5.955.08 5.957.88	78079C0220023 0.6919 1.0000 1.0000 1.0000 9.975 6.008 3.400 1.0000 1.	780790C0220024 0.9797 1.0000 1.0002 9.9796 3.000	780790C0220025 0.9386 1.0000 1.0002 9.975. 6.086. 8.4400. 5738.44 5738.44 5738.49 5738.49 5738.49 5738.49 5738.49 5738.49 5738.49 5738.49 5738.49 5738.50 5757.57 5757.57 5757.57 5757.57 5757.57	780790C0220026 0.6721 1.0000 1.0002 9.975 6.000 3.4000 5528.77 780790C0220026 53,80,937 54,1200 54,1	7807900220027 5075	84 1,0000 1,0000	78079DC0220029 1.0000 1.0000 1.0000 1.0000 1.0000 9.975 6.085 3.4000 1.0000 5786.59 5786.59 5786.59 580 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9.	780790C0220880 1.0000 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 3.259.03 5786.59 5786.59 5786.99 58.90 59	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.00% 3.4000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000	780790C0220012 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 560.08 5619.72 780790C0220012 55.56,515 50 500,243 50.08 513.63% 5704.14 5704.14	0.6586 1.0000 1.0002 9.978, 6.088, 3.40%, 1.0000 5552,70 5518.15 5518.	0.7102 1.0000 1.0002 9.97% 6.08% 1.40% 1.40% 1.509.6.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00	780790C0220035 0.6614 1.0000 1.0002 9.975; 3.400 5.0000 5.552.036 5520.36 780790C0220035 5995,139 590,139 591,5341 590 5,115,341 590 5,115,341 590 5,115,341 590 5,115,341 590 5,115,341 590 5,115,341 590 5,115,341 590 5,115,341 590 5,115,341 590 5,115,341 590 5,115,341 5,115
	3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate 3.3 A Mark Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to EHB Administrative Expense 3.6 Administrative Expense 3.6 Administrative Expense 3.8 Profit & Risk Load 3.10 Taxas and Free 3.8 Profit & Risk Load 3.10 Catatrophic Adjustment 3.10 Plan Adjusted Index Rate 3.11 Age Calibration Factor 3.12 Geographic Calibration Factor 3.13 Tooksoo Calibration Factor 3.14 Calibration Factor 3.15 Calibration Factor 3.16 Calibration Factor 4.17 Plan (Standard Component ID) 4.2 Rinner Calibration Factor 4.3 Plan (Standard Component ID) 4.4 Rember Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incursed Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.10 Part Diss Ratio Per Member Per Month 4.11 Rilowed Claims 4.12 Reinsurance	0.9375 1.0000 1.0000 5183.973.836 521.870.444 5310.7010	0.8141 1.0000 1.0002 9.97% 6.08% 1.40% 1.40% 1.0000 5683.19 5640.49 780790C0220020 7 518,300,187 53.88,751	0.8343 1.0000 1.0000 9.97% 6.08% 1.0000 1.0000 1.0000 5700.14	0.7091 1.0000 1.0000 9.97% 6.08% 1.40% 1.0000 5955.08 5557.88 5557.88 5587.87 54.53.947 5.53.81,862 5.54.61,962 5.	78079C0220023 0.6919 1.0000 1.0002 9.97% 6.08% 1.40% 1.0000 5580.64 1.0000 5580.64	780790C0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$822.16 \$770.78 \$780790C0220024 \$78089554 \$5488554 \$5488556 \$56974447 \$8561086567 \$95.555 80.18%	780790C0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5787.67 780790C0220025 535.919.101 535.919.102 53.59.502 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.99 53.21215.90 53.2121	780790C0220026 0.6721 1.0000 1.0002 1.0002 1.0002 1.0002 1.0002 1.0002 1.0002 1.0002 1.0002 1.0002 1.0000 5.564.03 5.564.03 1.0000 5.564.03 5.564.0	780790C220027 780790C220027 5075. 1,0000 1	84 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.000000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.000000 1.000000 1.000000 1.00000 1.00000 1.000000 1.00000 1.000000 1.00000 1.00000 1.000000	780790C0220029 1.0000 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$5839.03 \$780790C0220029 9.00 9.00 9.00 9.00 9.00 9.00 9.	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$589.03 \$78079C0220030 \$590 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5670.94 5629.01 500.424,372 510.424,372	78079C0220032 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5661.04 78079C0220032 78079C0220032 5550,240 550,240 540,340 540,340 540,340 540,340 540,340 540,340 540,340 540,340 540,340 540,340 540,340	0.6586 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 5552.70	0.7102 1.0000 1.0000 9.97% 6.08% 1.40% 1.0000 5596.00	780790C0220035 0.6614 1.0000 1.00002 9.97% 6.08% 3.40% 1.0000 \$555.05 \$520.36 780790C0220015 \$595.139 \$515.341 \$50 \$5279.798 \$521.545 \$590 \$515.545 \$590 \$515.545 \$590 \$515.545 \$590 \$515.545 \$590 \$515.545 \$590 \$515.545 \$590 \$515.545 \$590 \$515.545 \$590 \$572.010
	3.1 Plan ID (Standard Component ID) 3.2 Market Aljusted Index Rate 3.3 A Mark Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to EHB Administrative Expense 3.6 Administrative Expense 3.6 Administrative Expense 3.8 Profit & Risk Load 3.9 Taxas and Fees 3.8 Profit & Risk Load 3.10 Catatoryfolk Adjustment 3.10 Plan Adjusted Index Rate 3.11 Age Calibration Factor 3.12 Geographic Calibration Factor 3.13 Tooksoo Calibration Factor 3.14 Calibration Factor 3.15 Calibration Factor 3.16 Calibration Factor 3.17 Calibration Factor 3.18 Calibration Factor 4.1 Plan ID (Standard Fan Adjusted Index Rate 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Excursed Claims 4.7 Risk Adjustment Taxasfer Anount 4.8 Projected Member Months 4.1 Plan ID Scandard Rate 4.2 Projected Member Months 4.1 Plan Scandard Reduction 4.6 Excursed Claims 4.7 Risk Adjustment Taxasfer Anount 4.8 Projected Member Months 4.10 Rember Cost Sharing 4.10 Rember Cost Sharing 4.12 Reinsurance 4.13 Member Cost Sharing 4.14 Cost Sharing Reduction	0.9375 1.0000 1.0000 5183.973.836 521.870.444 521.870.444 5310.7010 5310.701	0.8141 1.0000 1.0002 9.97% 6.08% 1.4006 1.0000 5683.19 5640.49 780790C020020 7818,300,187 5.388,751 5.388,	0.8343 1.0000 1.0000 9.97% 6.08% 1.0000 5700.14 5700.14 5506.39 50 524,992,876 50 512,996,972 512,996,973 512,996,974 512,996	0.7091 1.0000 1.0000 9.97% 6.08% 1.40% 1.0000 5955.08 5957.88 5557.88 50.72.10 50.72.00 5571.88	780790C0220023 0.6919 1.0000 1.0002 9.97% 6.08% 1.40% 1.0000 5580.64 1.0000 5580.64 1.0000 5580.64	780790C0220024 0.9797 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 \$522.16 \$770.78 \$780790C0220024 \$579.6290 \$54.89.554 \$55.673.81 \$58.673.81 \$58.673.81 \$58.673.81 \$58.673.81 \$58.673.81	780790C0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5787.67 780790C0220025 535.919.101 535.919.102 53.919.103 53.919.107 5	780790C0220026 0.6721 1.0000 1.0002 9.97% 6.08% 1.40% 1.40% 1.40% 1.5000 5564.03 5582.77 5582.77 5582.78 5582.88 558	780790C0220027 780790C0220027 1,0000 1,000	84 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.000000 1.000000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.000000 1.00000 1.00000 1.	78079DC0220029 1.0000 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$5839.03 \$78079DC0220029 \$99 \$90 \$90 \$90 \$90 \$90 \$90 \$90 \$90 \$9	78079DC0220030 1.0000 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 \$589.03 \$590 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5670.94 5629.01 500.424.372 59.90.03 59.90.93 59.90.93 1.599.90.93 1.599.90.93 1.599.90.93 1.599.90.93	78079C0220032 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5661.04 78079C0220032 78079C0220032 78079C0220032 550,243	0.6586 1.0000 1.0000 9.97% 6.08% 3.40% 1.0000 5552.70	0.7102 1.0000 1.0000 9.97% 6.08% 1.40% 1.40% 1.50% 1.40% 1.5	780790C0220035 0.6614 1.0000 1.00002 9.97% 6.08% 3.40% 1.0000 \$555.05 \$520.36 780790C0220015 \$520.36 \$520.36
	3.1 Fina To (Standard Component 10) 3.2 Market Aujustel mider Rate 3.3 A Market Aujustel mider Rate 3.3 A Provider Revents Adjustment 3.3 Engents in Addition to EHB Administrative Costs 3.5 Administrative Expense 3.6 Administrative Expense 3.7 Tasks and Frest 3.8 Profit & Risk Load 3.10 Extensive Adjustment 3.10 Plan Adjustment 3.10 Plan Adjustment 3.11 Age Californ Adjustment 3.12 California Adjustment 3.13 Plan Adjustment Factor 3.14 California Factor 3.15 Age California Factor 3.15 California Factor 3.16 California Factor 3.17 Plan Digitated Index Rate Section IV: Projected Plan Level Information 4.1 Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsumment 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Premium 4.9 Premium 4.1 Allowed Claims 4.1 Allowed Claims 4.1 Allowed Claims 4.1 Reinsumment 4.1 Reinsumment 4.2 Premium 4.3 Premium 4.4 Premium 4.5 Premium 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.1 Allowed Claims 4.2 Stantange Mediction 4.3 Stantange Mediction 4.1 Allowed Claims 4.1 Allowed Claims	0.9375 1.0000 1.0000 5183,973,836 5183,973,836 5162,103,392 5162,103,3	0.8141 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5683.19 5640.49 780790C0220020 7818.300.197 531.3081.51 531.51.81 541.51.385 5	0.8343 1.0000 1.0002 9.97% 6.08% 1.0000 1.0000 5700.14 5656.39 5656.39 5656.39 5656.39 570.34 570.34 570.34 570.34 570.34 570.34 570.34 570.35	0.7091 1.0000 1.0000 3.97% 6.08% 1.0000 5995.08 1.0000 5995.08 5557.88 5557.88 557.88 557.88 557.88 557.88 557.88 557.88 557.88 557.88 557.88 557.88 557.88	78079C0220023 0.6919 1.0000 1.0002 9.975 6.005 3.405 5.500.4 5590.4 5	780790C0220024 0.9797 1.0000 1.0002 1.0002 9.97% 6.08% 3.40% 1.0000 5822.16 5770.78 780790C0220024 573,962,990 590,473,477 585,550,084 581,085,577 585,550,084 581,085,577 585,550,084 581,085,577 585,550,084 581,085,577 581	780790C0220025 0.9386 1.0000 1.0002 9.97% 6.08% 3.40% 5738.44 \$738.44 \$738.49 \$738.59 \$1.0000 \$53.919.101 \$53.919.102 \$53.919.101	780790C0220026 0.6721 1.0000 1.0002 9.97% 6.08% 3.40% 5528.77 780790C0220026 53.80397 50.90%	780790C0220027 5075 5075 1,0000 1,0	84 1,00000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,00000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,00000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,00000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,00000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,00000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,00000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,00000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,00000 1,00	78079DC0220029 1.0000 1.0000 1.0000 1.0000 9.975 6.0685 3.400 1.0000 5889.0) 5786.59 78079DC0220029 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.	780790CD220080 1.0000 1.0000 1.0000 1.0000 1.0000 9.97% 6.68% 3.45% 3.45% 3.45% 5.786.59 780790CD220080 5.00 5.00 5.00 5.00 5.00 5.00 5.00	78079DC0220031 0.7995 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 5670.34 5629.01 5120.00 5575.30 570.40	780790C0220032 0.7877 1.0000 1.0002 9.97% 6.08% 3.40% 1.0000 560.04 5619.72 780790C0220032 \$2,56,315 90 50,2	0.6586 1.0000 1.0002 9.978, 6.088, 3.40%, 1.0000 5552.70 5518.15 5518.	0.7102 1.0000 1.0002 9.97% 6.08% 1.40% 1.40% 1.5096.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00 5596.00	780790C0220035 0.6614 1.0000 1.0002 9.975; 6.085; 3.400; 5550.05 \$520.36 \$520.36 \$520.36 \$520.36 \$520.36 \$520.36 \$520.36 \$50.00 \$515.341 \$50.00 \$519.190 \$50.00 \$519.190 \$50.00

Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000

	В	С	D	E	F	G	Н	I	J
1	Unified Rate Review v5.0								•
	omilica nate neview voic								
1 2 3 4								1_	
3	Company Legal Name:	GHMSI, Inc.						State:	DC
4	HIOS Issuer ID:	78079						Market:	Small Group
5	Effective Date of Rate Change(s):	1/1/2020							
6									
5 6 7 8 9									
8	Market Level Calculations (Same for al	l Plans)							
9									
10									
11	Section I: Experience Period Data								
12	Experience Period:		1/1/2018	to	12/31/2018				
13				<u>Total</u>	<u>PMPM</u>				
14	Allowed Claims			\$242,436,954.82	\$828.80				
15	Reinsurance			\$0.00	\$0.00				
16	Incurred Claims in Experience Period			\$215,503,011.18	\$736.72				
17	Risk Adjustment			\$16,349,753.83	\$55.89				
18	Experience Period Premium			\$221,699,295.97	\$757.91				
19	Experience Period Member Months			292,515					
20	C. Maria B. Bartania								
21	Section II: Projections								
11 12 13 14 15 16 17 18 19 20 21		Experience Period Index	Year 1	Trend	Year 2	Trend	Trended EHB Allowed Claims		
23	Benefit Category	Rate PMPM	Cost	Utilization	Cost	Utilization	РМРМ		
24	Inpatient Hospital	\$102.96	1.000	1.080	1.000	1.080	\$120.09		
25	Outpatient Hospital	\$123.27	1.000	1.075	1.000	1.075	\$142.45		
26	Professional	\$186.55	1.020	1.060	1.020	1.060	\$218.08		
27	Other Medical	\$38.44	1.050	1.020	1.050	1.020	\$44.09		
28	Capitation	\$0.55	1.000	1.000	1.000	1.000	\$0.55		
29	Prescription Drug	\$158.77	1.100	1.000	1.100	1.000	<u>\$192.11</u>		
30	Total	\$610.54					\$717.38		
31						1			
32	Morbidity Adjustment				1.006				
33	Demographic Shift				0.990				
34	Plan Design Changes Other				1.010 0.996				
36	Adjusted Trended EHB Allowed Claims I	DMDM for	1/1/2020		\$718.72				
37	Adjusted Trended ETB Allowed Claims	IVII IVI IOI	1,1,2020		\$710.72				
38	Manual EHB Allowed Claims PMPM				\$719.31				
39	Applied Credibility %				0.00%				
40	pp					l.			
41						Projected Period Totals			
42	Projected Index Rate for		1/1/2020		\$719.31	\$181,873,217.64			
43	Reinsurance		. ,		\$0.00	\$0.00			
44	Risk Adjustment Payment/Charge				\$23.17	\$5,858,395.48			
	Exchange User Fees				0.00%	\$0.00			
45	Excitatige Oser rees								
45 46	Market Adjusted Index Rate				\$696.14	\$176,014,822.16			
45 46 47						\$176,014,822.16			
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48					\$696.14 252,844	\$176,014,822.16			

Product-Plan Data Collection

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

Company Legal Name: GHMSI, Inc. To validate, select the Validate button or Ctrl + Shift + I. HIOS Issuer ID: Effective Date of Rate Change(s):

Product	/Dlan	I aval	Calculations	

1/1/2020

To finalize, select the Finalize button or Ctrl + Shift + F.

Producty Plan Level Calculations																	
Field # Section I: General Product and Plan Information	section I: General Product and Plan Information																
1.1 Product Name		BluePrefered PPO															
1.2 Product ID									78079								
		BluePreferred PPO BluePreferre															
1.3 Plan Name		Gold 1000	Gold 500	HSA/HRA Silver	HSA/HRA Silver	Platinum 0	Platinum 500	Silver 1500	Gold 1500	HSA/HRA Silver	Platinum 1000	Platinum 500	Gold 1500	1000 90%/70%	HSA/HRA 2300	Silver 1500	HSA/HRA Silver
1.4 Plan ID (Standard Component ID)		78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035
1.5 Metal		Gold	Gold	Silver	Silver	Platinum	Platinum	Silver	Gold	Silver	Platinum	Platinum	Gold	Gold	Silver	Silver	Silver
1.6 AV Metal Value		0.820	0.820	0.718	0.719	0.920	0.911	0.719	0.812	0.699	0.898	0.903	0.820	0.813	0.719	0.720	0.719
1.7 Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Terminated	Terminated	Terminated	Renewing	Renewing	Renewing	Renewing	New
1.8 Plan Type		PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
1.9 Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes
1.10 Effective Date of Proposed Rates		1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020
1.11 Cumulative Rate Change % (over 12 mos prior)		20.16%	19.97%	20.49%	21.19%	19.51%	19.21%	16.63%	0.00%	0.00%	0.00%	0.00%	19.74%	20.65%	20.99%	20.54%	0.00%
1.12 Product Rate Increase %		19.65%															
1.13 Submission Level Rate Increase %									19.0	55%							

orksheet 1 Totals	Section II: Experience Period and Current Plan Leve	I Information																
	2.1 Plan ID (Standard Component ID)	Total	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC022003
\$242,436,955	2.2 Allowed Claims	\$162,350,378	\$20,400,672	\$17,026,454	\$4,072,446	\$5,775,235	\$64,729,079	\$23,254,315	\$2,042,779	\$5,992,488	\$1,137,015	\$812,622	\$2,219,302	\$10,713,247	\$909,651	\$298,906	\$2,966,166	
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	2.4 Member Cost Sharing	\$16,863,964	\$2,249,874	\$1,962,391	\$978,879	\$1,317,723	\$4,168,282	\$1,972,362	\$473,711	\$768,399	\$337,729	\$90,130	\$172,494	\$1,305,348	\$256,947	\$103,529	\$706,165	d .
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	d .
\$215,503,011	2.6 Incurred Claims	\$145,486,414	\$18,150,798	\$15,064,062	\$3,093,567	\$4,457,512	\$60,560,796	\$21,281,954	\$1,569,068	\$5,224,088	\$799,286	\$722,492	\$2,046,808	\$9,407,899	\$652,704	\$195,376	\$2,260,001	
\$16,349,754	2.7 Risk Adjustment Transfer Amount	\$10,739,474	\$1,055,461	\$1,032,752	-\$154,411	-\$183,699	\$5,520,169	\$2,246,499	-\$96,381	\$515,965	-\$49,052	\$97,596	\$204,653	\$574,562	\$102,174	-\$17,119	-\$109,694	
\$221,699,296	2.8 Premium	\$173,271,876	\$18,852,710	\$16,115,146	\$4,287,690	\$4,953,191	\$71,348,586	\$27,575,573	\$2,513,406	\$7,989,943	\$1,286,199	\$1,141,238	\$2,500,156	\$9,823,890	\$1,681,856	\$348,247	\$2,854,044	
292,515	2.9 Experience Period Member Months	292,515	32,116	31,425	9,047	10,763	107,354	43,689	5,647	15,700	2,874	1,898	3,980	17,483	3,109	1,003	6,427	
	2.10 Current Enrollment	22,556	2,310	2,909	611	673	8,498	3,269	416	1,171	166	150	333	1,288	296	98	368	l.
	2.11 Current Premium PMPM	\$626.75	\$572.48	\$587.55	\$497.29	\$482.38	\$692.68	\$665.29	\$486.91	\$587.34	\$493.77	\$672.94	\$672.94	\$564.18	\$551.68	\$459.98	\$497.81	\$0.
	2.12 Loss Ratio	79.06%	91.17%	87.85%	74.85%	93.46%	78.78%	71.36%	64.92%	61.42%	64.61%	58.32%	75.67%	90.47%	36.59%	59.00%	82.35%	#DIV
	Per Member Per Month																	
	2.13 Allowed Claims	\$555.02	\$635.22	\$541.81	\$450.14	\$536.58	\$602.95	\$532.27	\$361.75	\$381.69	\$395.62	\$428.15	\$557.61	\$612.78	\$292.59	\$298.01	\$461.52	#DIV
	2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV
	2.15 Member Cost Sharing	\$57.65	\$70.05	\$62.45	\$108.20	\$122.43	\$38.83	\$45.15	\$83.89	\$48.94	\$117.51	\$47.49	\$43.34	\$74.66	\$82.65	\$103.22	\$109.87	#DIV
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV
	2.17 Incurred Claims	\$497.36	\$565.16	\$479.37	\$341.94	\$414.15	\$564.12	\$487.12	\$277.86	\$332.74	\$278.11	\$380.66	\$514.27	\$538.12	\$209.94	\$194.79	\$351.64	#DIV
	2.18 Risk Adjustment Transfer Amount	\$36.71	\$32.86	\$32.86	-\$17.07	-\$17.07	\$51.42	\$51.42	-\$17.07	\$32.86	-\$17.07	\$51.42	\$51.42	\$32.86	\$32.86	-\$17.07	-\$17.07	MDIV
	2 19 Premium	\$592.35	\$587.02	\$512.81	\$473.94	\$460.21	\$664.61	\$631.18	\$445.09	\$508.91	\$447.53	\$601.28	\$628.18	\$561.91	\$540.96	\$347.21	\$444.07	ADI/

Section III: Plan Adjustment Factors																	
3.1 Plan ID (Standard Component ID)		78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026			78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035
3.2 Market Adjusted Index Rate									\$69	6.14							
3.3 AV and Cost Sharing Design of Plan		0.8141	0.8343	0.7091	0.6919	0.9797	0.9386	0.6721	1.0000	1.0000	1.0000	1.0000	0.7995	0.7877	0.6586	0.7102	0.6614
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0000	1.0000	1.0000	1.0000	1.0002	1.0002	1.0002	1.0002	1.0002
Administrative Costs																	
3.6 Administrative Expense		9.70%	9.70%	9.70%	9.70%	9.70%	9.70%	9.70%	9.70%	9.70%	9.70%	9.70%	9.70%	9.70%	9.70%	9.70%	9.70%
3.7 Taxes and Fees		6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%
3.8 Profit & Risk Load		3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$701.36	\$718.76	\$610.90	\$596.08	\$844.03	\$808.62	\$579.03	\$861.35	\$861.35	\$861.35	\$861.35	\$688.78	\$678.62	\$567.40	\$611.85	\$569.81
3.11 Age Calibration Factor	0.9375								0.9	375							
3.12 Geographic Calibration Factor	1.0000								1.0	000							
3.13 Tobacco Calibration Factor	1.0000								1.0	000							
3.14 Calibrated Plan Adjusted Index Rate		\$657.53	\$673.84	\$572.72	\$558.83	\$791.28	\$758.08	\$542.84	\$807.51	\$807.51	\$807.51	\$807.51	\$645.74	\$636.20	\$531.93	\$573.61	\$534.20

Section IV: Projected Plan Level Information																	
4.1 Plan ID (Standard Component ID)	Total	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035
4.2 Allowed Claims	\$183,973,836	\$18,300,187	\$24,992,876	\$4,453,947	\$6,098,215	\$73,962,990	\$35,919,101	\$3,360,957	\$0	\$0	\$0	\$0	\$10,424,372	\$2,565,215	\$859,375	\$2,641,463	\$395,139
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$21,870,444	\$3,081,751	\$3,693,947	\$1,072,065	\$1,581,267	\$4,489,554	\$3,595,502	\$942,748	\$0		\$0	\$0	\$1,910,787	\$501,243	\$253,344	\$632,895	\$115,341
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$162,103,392	\$15,218,435	\$21,298,929	\$3,381,882	\$4,516,948	\$69,473,437	\$32,323,599	\$2,418,208	\$0	\$0	\$0	\$0	\$8,513,585	\$2,063,972	\$606,032	\$2,008,569	\$279,798
4.7 Risk Adjustment Transfer Amount	\$5,385,947	\$458,117	\$625,633	-\$336,135	-\$460,113	\$3,581,524	\$1,739,327	-\$253,584	\$0	\$0	\$0	\$0	\$260,962	\$64,214	-\$64,854	-\$199,328	-\$29,816
4.8 Premium	\$194,112,609	\$18,223,494	\$25,504,652	\$4,049,674	\$5,408,872	\$83,191,782	\$38,706,273	\$2,895,712	\$0	\$0	\$0	\$0	\$10,194,692	\$2,471,527	\$725,700	\$2,405,184	\$335,047
4.9 Projected Member Months	252,844	25,983	35,484	6,629	9,074	98,565	47,867	5,001	0	0	0	0	14,801	3,642	1,279	3,931	588
4.10 Loss Ratio	81.26%	81.46%	81.51%	91.07%	91.27%	80.06%	79.92%	91.53%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	81.43%	81.40%	91.71%	91.06%	91.67%
Per Member Per Month																	
4.11 Allowed Claims	\$727.62	\$704.31	\$704.34	\$671.89	\$672.05	\$750.40	\$750.39	\$672.06	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$704.30	\$704.34	\$671.91	\$671.96	\$672.01
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$86.50	\$118.61	\$104.10	\$161.72	\$174.26	\$45.55	\$75.11	\$188.51	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$129.10	\$137.63	\$198.08	\$161.00	\$196.16
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$641.12	\$585.71	\$600.24	\$510.16	\$497.79	\$704.85	\$675.28	\$483.54	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$575.20	\$566.71	\$473.83	\$510.96	\$475.85
4.16 Risk Adjustment Transfer Amount	\$21.30	\$17.63	\$17.63	-\$50.71	-\$50.71	\$36.34	\$36.34	-\$50.71	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$17.63	\$17.63	-\$50.71	-\$50.71	-\$50.71
4.17 Premium	\$767.72	\$701.36	\$718.76	\$610.90	\$596.08	\$844.03	\$808.62	\$579.03	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$688.78	\$678.62	\$567.40	\$611.85	\$569.81

Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000

DC GHMSI

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company

SERFF tracking number

CFAP-131941267

Submission Date

Product Name

Market Type:

O Individual

Group Hospitalization & Medical Services Inc.

CFAP-131941267

S/24/2019

BluePreferred

Small Group

Rate Filing Type: Scope and Range of the Increase:

The 18.5 % increase is requested because:

Rate Increase

The main drivers of the 2020 rate increase are a) deterioration in the base period experience of the combined pool, b) trend of 8.4%, c) the re-introduction of the Health Insurer Fee and d) increase in the contribution to reserve.

New Filing

This filing will impact:

of policyholder's 12,574 # of covered lives 21,863

The average, minimum and maximum rate changes increases are:

• Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved

18.5 %

• Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved

14.6 %

Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience
if the filing is approved

47.5 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Product selection, changes in age factors, and changes in family composition.

Financial Experience of Product

The overall financial experience of the product includes:

In 2018, a total of \$173.3 million in premium was collected and \$145.5 million in claims were paid out. We received \$10.7 million in risk adjustment, for a loss ratio of 77.8%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$221.7 million in premium and paid out \$215.5 million in claims and received \$16.3 million in risk adjustment for a loss ratio of 89.8%.

The rate increase will affect the projected financial experience of the product by:

The proposed rate increases are aimed to bring the loss ratio for the combined Individual/small group pool up to a projected 85.5%.

Components of Increase

The request is made up of the following components:

Trend Increases –	8.4	% of the	18.5	% total filed increase					
L. Medical Utilization Changes –Defined as the increase in total plan claim costs not attributable to									
hanges in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an									
increase/decrease in the frequency of service utilization.									
This component is	4.8	% of the	18.5	% total filed increase.					
2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in									
the unit cost of underlying services, or renegotiation of provider contracts.									
This component is	3.5	% of the	18.5	% total filed increase.					

_									
	Other Increases –	9.3 % of the	18.5 % total filed increase						
1.	. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated								
	by either State or Federal Regulation.								
	This component is	0.0 % of the	18.5 % total filed increase.						
2.	2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the								
	company, which are not required by either State or Federal Regulation.								
	This component is	0.9 % of the	18.5 % total filed increase.						
3.	3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage.								
Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries,									
	and overhead.								
	This component is	-1.4 % of the	18.5 % total filed increase.						
	·								
4.	Changes to Profit Margin	- Defined as increases to company	surplus or changes as an additional margin to cover						
	the risk of the company								
	This component is	4.0 % of the	18.5 % total filed increase.						
5.	Other – Defined as:								
	Re-introduction of the Health Insurer Tax in 2020.								
I	This component is	5.7 % of the	18.5 % total filed increase.						
	•								

DC GHMSI

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company

Group Hospitalization & Medical Services Inc.

SERFF tracking number

CFAP-131941267

Submission Date

5/24/2019

Product Name

BluePreferred

Market Type:

Individual

Small Group

Rate Filing Type:
Scope and Range of the Increase:

The 21.6 % increase is requested because:

Rate Increase

The main drivers of the 2020 rate increase are a) deterioration in the base period experience of the combined pool, b) trend of 8.4%, c) the re-introduction of the Health Insurer Fee and d) increase in the contribution to reserve.

New Filing

This filing will impact:

of policyholder's 12,574 # of covered lives 21,863

The average, minimum and maximum rate changes increases are:

• Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved

21.6 %

• Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved

17.7 %

• Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved

51.5 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Product selection, changes in age factors, and changes in family composition.

Financial Experience of Product

The overall financial experience of the product includes:

In 2018, a total of \$173.3 million in premium was collected and \$145.5 million in claims were paid out. We received \$10.7 million in risk adjustment, for a loss ratio of 77.8%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$221.7 million in premium and paid out \$215.5 million in claims and received \$16.3 million in risk adjustment for a loss ratio of 89.8%.

The rate increase will affect the projected financial experience of the product by:

The proposed rate increases are aimed to bring the loss ratio for the combined Individual/small group pool up to a projected 85.2%.

Components of Increase

The request is made up of the following components:

Trend Increases –	8.4	% of the	21.6	% total filed increase			
. Medical Utilization Changes –Defined as the increase in total plan claim costs not attributable to							
changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an							
increase/decrease in the freq	increase/decrease in the frequency of service utilization.						
This component is	4.8	% of the	21.6	% total filed increase.			
Medical Price Changes – D	2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in						
the unit cost of underlying	ng services, or r	enegotiation of provi	ider contract	S.			
This component is	3.5	% of the	21.6	% total filed increase.			

	Other Increases –	12.2 % of the	21.6 % total filed increase				
1. M	1edical Benefit Changes F	Required by Law – Defined as any	new mandated plan benefit changes, as mandated				
	by either State or Federal Regulation.						
TI	his component is	0.0 % of the	21.6 % total filed increase.				
2. N	. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the						
	company, which are not	required by either State or Federa	al Regulation.				
TI	his component is	0.9 % of the	21.6 % total filed increase.				
:	•		ne costs of providing insurance coverage. osts, taxes, and general business expenses such as rent, salaries, 21.6 % total filed increase.				
	hanges to Profit Margin - the risk of the company	• •	r surplus or changes as an additional margin to cover				
	his component is	4.0 % of the	21.6 % total filed increase.				
5. C	Other – Defined as:						
Re-in	troduction of the Health	Insurer Tax in 2020.					
TI	his component is	8.7 % of the	21.6 % total filed increase.				